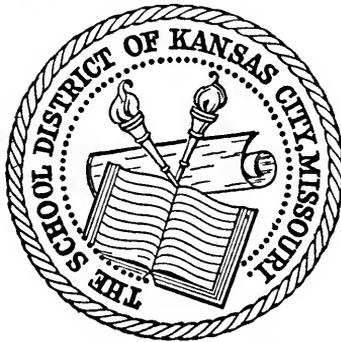


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Journal of Social Hygiene

1946 in Review

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National Social Hygiene Day
Wednesday, February 5, 1947

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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Journal of Social Hygiene

VOL. 33

JANUARY, 1947

NO. 1

1946 in Review

EDITORIAL

SOCIAL HYGIENE DAY OBJECTIVES

No great health and welfare program can go forward in this country without the full understanding and support of its citizens. The purpose of Social Hygiene Day, therefore, is to build such understanding and support for social hygiene objectives in all the home-towns of America.

Social Hygiene Day 1947 comes at a time when we are receding somewhat from the high point of effectiveness in the fields of public health and law enforcement reached during the war years. Venereal disease rates are rising. Houses of prostitution are beginning to reopen here and there after a period of strict wartime repression. The long-range educational program, which has made slow but steady progress during the past half century, now needs to be strengthened and extended so that with the help of parents and teachers, children and young people everywhere may better learn how to live.

Here, then, is the focus of your Social Hygiene Day programs: *public health measures* against the venereal diseases and how they can be strengthened; *legal and social protective measures* against commercialized prostitution and sexual promiscuity generally, and how they may be organized and put into effect; *educational measures* and how parents, teachers, the clergy and the youth-serving agencies may be helped to give proper instruction and guidance to young people.

Study your community and its social hygiene problems and decide where the most urgent needs lie. Build your program around these needs and practicable ways of meeting them.

FOR COMMUNITY ACTION

Social hygiene is a year-round program that benefits your community. Use Social Hygiene Day to consider social hygiene needs and plan for specific action designed to meet them.

Support for Health Department

Citizen interest, support, and activity are vitally needed as a supplement to the work of the official health agencies. Know your health department and its needs and support it in its essential task of *protecting your health*.

Legal and Social Protection

Good social hygiene laws are essential to a sound program: legislation that sets up your state and local health departments and provides the funds to carry out their responsibilities; laws requiring premarital and prenatal examinations for syphilis, to protect marriage and family life; venereal disease control laws; laws against prostitution and their enforcement.

Sex Education

Give serious consideration to the need for sound programs of sex education in the schools and to means of helping teachers and parents to meet their responsibilities in this important field.

Public Information

An informed public is an essential to a sound program. The Social Hygiene Day kit, available on request, contains information about tools for your use in your story to the public. These aids include literature for distribution, a kit of radio scripts, suggestions for an industrial program and a pharmacy program, as well as background material on the public health, legal and social protective, and educational aspects of the program.

Community Organization

If you do not have a social hygiene society or committee in your community you will wish to consider the organization of such a group to back your year-round program. Write to the Association for *Social Hygiene Organization and Your Community* and *Suggestions for Organizing a Community Social Hygiene Program* to assist you in your thinking and planning.

AND FINALLY

Let us know your special needs, whatever they may be, and how we can help you. 1947 will be a critical year for the social hygiene program: We want to help you to hold the tremendously valuable wartime gains in the fields of public health and legal and social protection, and to move forward in the fields of education, public information and community organization.

We look forward to hearing from you about your Social Hygiene Day activities. Our best wishes for their success.

ELEANOR SHENEHON

*Director, Social Hygiene Day Service
American Social Hygiene Association*

1946 IN REVIEW

The report of Association activities during the past year, as prepared by Dr. Clarke and the directing heads of the several divisions of work, for presentation at the Annual Meeting, as it appears in this issue of the JOURNAL * is indeed a "progress report." Although the "transition from war to peace" began with V-E Day, the impact of postwar problems and demands was felt more heavily during 1946 than in previous months. While still holding the line against emergencies such as increases in VD infections and the threat of returning prostitution, the Association, in order to carry its clear responsibility toward the public and its fellow-workers, had to move forward without delay towards the long-range peacetime objectives and permanent goals of stronger and better family life. In spite of the double duty, the record is one to be proud of, and sets a lively pace for a new year's successful effort.

The present statement will be supplemented by reports from the General Advisory Board, from the Board of Directors, and from the Association's various Committees and Officers as also presented at the Annual Meeting in New York on February 5 and to appear in the March JOURNAL. Together they constitute, it is believed, evidence that real progress is being made, and the promise of more to come.

* Also available in preprint form, without charge. Pub. No. A-673.

A YEAR OF TRANSITION FROM WAR TO PEACE

ANNUAL REPORT OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION FOR 1946

WALTER CLARKE, M.D.

Executive Director

I

The year 1946 was a time of transition for the American Social Hygiene Association. For the second time in its history the Association, after making an honorable record of service in a world war, gave its attention to the difficult problems of reconstruction.

The nation's armed forces, with magnificent wartime records behind them, were demobilizing. Industry was shifting from war to peacetime production. Vast industrial populations were readjusting to changing economic conditions. Millions of people were on the move. Transportation facilities and cities were overcrowded. The severe housing shortage remained acute. Juvenile delinquency caused grave concern. Many wartime marriages ended in the divorce courts. In some places venereal disease incidence increased. Prostitution racketeers tried to profit by postwar confusion and letdown to revive their traffic.

Various wartime duties and appointments of the staff were brought to a close, but the Association continued to help protect the nation's armed forces from threats to health and morale, supplying information regarding prostitution conditions and providing educational materials both for rank and file and for officers. This remains an important obligation as long as large numbers of young men engage in military training.

On October 1st, 1945, Dr. William F. Snow, Mr. Bascom Johnson, Professor M. A. Bigelow, and Mrs. G. R. Luce retired from the staff.

The Association's wartime losses were high, Dr. Thomas Storey having died in Atlanta in 1944, and Dr. Max Exner in Newark the same year. Mr. Charles Miner died in Atlanta, and Mrs. Gertrude R. Luce in North Orange, Massachusetts, in 1946. In a real sense these were "war casualties" for these workers gave their complete strength to the Association's war effort.

Believing that the Association's mission requires it to go forward for some years to come, the preservation of the Association itself, its prestige, public support and its trained and experienced professional personnel were regarded as imperative. Early in 1946 the National War Fund notified the Association that funds allocated for twelve months must suffice for fifteen months beginning October 1, 1945. This had the effect of reducing income in 1946 from the expected \$380,000 to \$280,000. Since National War Fund support

would end December 31, 1946, it was necessary to allocate funds and personnel to rebuilding the Association's fund-raising mechanism to provide for 1947. The Association had the cooperation of the National Budget Committee in this undertaking. These adjustments were necessarily reflected in decreased program activities during 1946.

The main emergency effort of the Association during 1946 aimed to preserve the great social hygiene gains made during the war—gains in law enforcement, in public health control and medical care of the venereal diseases, and in public interest and support. The failure of Congress to continue funds for the Social Protection Division of the Federal Security Agency beyond July 1st, 1946, made this task more difficult.

However, as we study the national scene at the end of 1946, it is possible to record an encouraging degree of success in this major undertaking. The line has been held against the prostitution racket, not everywhere, but in the great majority of places and in nearly all large centers of population. This has been revealed through the Association's field studies which have been welcomed and approved by more community leaders than ever before. There has been no great epidemic of syphilis in the United States as there has been abroad. Although it is believed that the general venereal disease rates have risen here, the estimated annual syphilis incidence rate is still only about half that estimated to exist before 1936. The structure of civilian health organization—federal, state, county and local—has actually been strengthened in 1946 as compared with the war years. Public opinion has never been so firmly behind the total social hygiene program as in 1946, and the Association itself has never had higher prestige or more or better publicity. Through the "Team Plan," through Social Hygiene Day promotion, through field work and publicity, thirty-seven additional social hygiene societies and committees were set up in 1946 to promote all aspects of social hygiene throughout the nation.

War experience emphasized the importance of sex promiscuity not only as the main factor in the spread of venereal diseases, but as an evidence of failure of such institutions as homes, schools and churches, to meet personality needs of developing individuals. Education, guidance and training by parents, teachers and religious leaders can help youth to lay firm foundations in knowledge and character, and to mold sex conduct into socially and personally satisfactory patterns. In recognition of this opportunity, the Association reorganized its educational activities under competent professional direction and made good progress in launching broad educational activities.

Leadership training was extended during the year by providing faculty services to the University of Utah for an outstanding course for teachers in family life education, by continuing cooperation in a similar undertaking with the University of Pennsylvania and by conducting the professional course in Venereal Disease Control, now in its sixth year, at the Harvard University School of Public Health.

The JOURNAL OF SOCIAL HYGIENE and the NEWS, our publications, books, pamphlets, posters, exhibits and motion pictures continue to receive wide distribution and to exert helpful influence.

World events in health and welfare fields were recognized by our Committee on International Relations and Activities, which set up a liaison office for the Association, and the International Union against Venereal Diseases, with the United Nations, the Social and Economic Council and the World Health Organization. The Association sent Dr. William F. Snow to study conditions in Europe and to attend the first postwar meeting of the International Union, of which he was elected President. Dr. Snow rendered a great service to our armed forces abroad and to Europe in regard to the provision by the United States Government of penicillin for the treatment of venereal diseases among German civilians.

The General Advisory Board was reorganized under the leadership of Dr. John H. Stokes as Chairman. Special committees of the Board made recommendations to the Board regarding policies and program. The Committee on the Future of the Association, under the chairmanship of Dr. Robert H. Bishop, Junior, made an exhaustive study and recommended certain structural changes in the Association's organization including especially the creation of a new office, Chairman of the Board of Directors, to which position Dr. Snow was elected.

In all of its activities the Association has had the support of the United States Public Health Service not only through cooperative projects and consultant services but also through advice and exchange of information.

The Association gave substantial financial aid in connection with the following special projects:

- (a) To the Massachusetts Social Hygiene Society for the extension of activities in that state.
- (b) To the California Social Hygiene Association for a program of cooperation with industries and local and state health agencies.
- (c) To the Missouri Social Hygiene Association for a study of intensive local educational methods.
- (d) To the Pittsburgh General Health Council Social Hygiene Committee for the syphilis control project.

The Association goes into 1947 with determination not only to hold past social hygiene gains, but achieve new advances. The gains to be held include the efficient public health organization built up by the states, counties and cities with federal aid under the administration of the United States Public Health Service, and efficient law enforcement activities established by local and state authorities in a vast majority of places. New objectives include extension of professional education for teachers better to equip them

to press forward in the vital educational aspects of the work, more and better help for parents in meeting the social hygiene needs of children and reestablishment of Federal participation in social protection activities.

The accounts of the American Social Hygiene Association are audited annually. The Association is a member of the National Health Council, the National Social Welfare Assembly and the National Information Bureau. The Association's budget of \$420,000 for 1947, and the program which it is intended to implement, were approved by the National Budget Committee. Obviously the extent to which we can carry on this program depends on the amount of money contributed by friends and supporters of the Association.

The following statements by divisional directors summarize as briefly as possible the most important activities of the Association in the year 1946.

II

DIVISION OF MEMBERSHIP AND FINANCE

J. PATRICK ROONEY, *Director*

The year 1946 marked another turning point in the Association's financial history. Since 1943 the Association had been a member agency of the National War Fund, so received its operating funds from the three annual campaigns held mainly through local community chest drives. With the cessation of hostilities, the Board of Directors of the National War Fund determined that the drive for 1946 funds would be the last to be conducted under the banner of the National War Fund.

Since 1940 Philip R. Mather, member of the Board of Directors of the Association, had been chairman of its Finance Committee. It was to this Committee that the Board of Directors sent the problem of the financial transition of the Association. The Finance Committee and the Board concurred, feeling we should as far as possible cooperate with any schemes which appeared feasible for financial federation. Mr. Mather in his report to the Board, in January 1946, pointed out that the Association's philosophy of program had historically been one of federation, and that the financial work should logically continue, if possible, in the same cooperative manner. Accordingly, on March 19, 1946, over the signature of our President, Doctor Ray Lyman Wilbur, a letter of intent was sent to all the community chests of record in the country, stating that it was the Association's purpose to cooperate with them, if they so desired, in their financial drives in the fall of 1946. Following this, on April 29, 1946, the Association through its Board and through representatives of the Army, the Navy, the United States Public Health Service and private medicine, appeared before a panel of the National Budget Committee, seeking approval of its program and of a gross operating budget for 1947 of \$420,000.

The National Budget Committee is in essence a creature of Community Chests and Councils, Inc., and was set up presumably at the requests of local community chests, in order that some knowledge might be given to local budget committees of the financial demands and operating programs of the national agencies. Unlike any budget committee which hitherto had operated, the National Budget Committee did not have the function of campaigning. Decisions as to the inclusion of a national agency in a local budget remained the prerogative of the local budget committees.

The National Budget Committee approved the program and budget of the American Social Hygiene Association and on May 22, 1946, sent recommendations to all member community chests for the inclusion of the American Social Hygiene Association as a participating agency in the local drives. The National Budget Committee also recommended that contributors in non-chest areas support the American Social Hygiene Association.

These were the initial steps. Spring, summer and fall were spent in presenting applications to all of the Community Chests, in developing local sponsorship, and in urging that the federated position of the Association was in line with the underlying philosophies of the Community Chest movement. However various factors mitigated against total success. On the one hand, local Community Chests were faced with increased demands from their local agencies. On the other hand, local budget committees were faced by a majority of the member agencies of the National War Fund, and numbers of other nationals, requesting inclusion. Because of these pressures on local Boards, the majority of Community Chests decided that, with the exception of the United Service Organizations, they would include and finance only local agencies. However, in spite of this, it is expected that the Association will receive financial grants from some eighty Community Chests which conducted drives late in 1946.

Since 1941, when the United Service Organizations came into being, the American Social Hygiene Association has been affiliated with the U.S.O. For 1947, the last year of the U.S.O. operations (as publicly announced by U.S.O. Board of Directors), the Association will continue, by joint agreement of the respective boards, in this cooperative working relationship.

The Association prepared to raise its funds separately in those communities which either did not have a Community Chest, such as New York, or where the local community chest did not include the Association. The Finance Committee recommended, and the Board approved, return to a modification of our pre-1942 pattern, which was to secure chairmen in local communities and by a combination of personal solicitation and mail appeal, attempt to raise our respective quotas. In larger cities, such as New York, Chicago, Boston, it was believed that our quotas could be raised only by strenuous local efforts involving the employment of specialized campaign personnel. Such arrangements have been made in these

cities, and a campaign has been conducted in New York City. While the Association raised more funds in New York City than in the past, it is now obvious that our efforts in New York City must be on a continuing year-round basis, rather than limited to an intensive campaign period. The Chicago and Boston campaigns are just starting as this is written in January, 1947.

The Association has conducted no separate appeal for funds during 1946 except in New York and in Greenwich, Connecticut. The Finance Division will concentrate in 1947 mainly on separate financial drives in communities throughout the country. To do this our field staff has been successful in enlisting the support of numerous business and professional men. Through our President, Dr. Wilbur, and the chairman of our Finance Committee, Mr. Mather, William Martin Jeffers has been enlisted as honorary national campaign chairman. With the leadership and active assistance of our total Board of Directors, plus national and local leadership, the Association can look forward to 1947 as a year in which we reestablish direct financial support from those thousands of American citizens who feel that the social hygiene program is worthy of support.

The year 1946 marked a period of increased public agitation for some form of financial unity among health agencies. Recognizing this trend the Board recommended that the National Health Council invite Community Chests and Councils, Inc., to join with it in creating a committee "to explore the feasibilities of joint financing among those national health agencies who might care to join." Such a committee has been created under the chairmanship of Mr. Mather as President of the National Health Council.

As for membership, which is likewise a responsibility of this Division, the Board of Directors created a special committee to examine all present membership policies. This committee's recommendations, which were approved by the Executive Committee, call for a new class of membership at \$5.00 per year. These new members will receive the *JOURNAL OF SOCIAL HYGIENE*, selected publications of the Association and the monthly *SOCIAL HYGIENE NEWS*. Those who wish to be active members of the Association, but do not wish to receive our publications, can do so for a membership payment of \$2.00 per year. Because the committee felt, and the Executive Committee concurred, that the period for joint memberships with local societies has passed, this type of membership was discontinued. Society membership arrangements remain the same as do also corresponding, collaborating, and life memberships. Underlying this change in the membership philosophy of the Association is the belief that there are thousands of American citizens who are not in the special gifts category, but who do wish to do something to support the American Social Hygiene Association as a membership organization. The Executive Committee and the Board are acutely aware of their responsibilities to Association members and wish to do nothing which will disturb their faith.

III

DIVISION OF PUBLIC INFORMATION AND PUBLICATIONS

PERCY SHOSTAC, *Director*

The Division of Public Information Services presents the message of the American Social Hygiene Association to the people of the United States through the medium of the newspapers, magazines, the radio, and by printed material, posters, films and exhibits. The material produced aims to inform, educate and interest the people regarding the Association's field of action and to gain financial support for the Association's work.

The effectiveness of the material produced by the Division may be judged by answers to these questions: Does it convey accurately and intelligibly pertinent information and points of view? Is it accepted by the newspapers, magazines and on the air? Is it read? Does it stimulate action leading toward the Association's objectives? Keeping these criteria in mind, the Division aims to produce material which is simple, popular and dynamic in style and design.

The Division also promotes the sale of literature, films, et cetera, gathers statistics and pertinent information, prepares biographical sketches, answers many of the inquiries which constantly come to the Association, assists other divisions in the preparation of material and the publicizing of special projects and events, and stimulates the production by qualified writers of articles for magazines and newspapers, and occasionally of books.

The high points of 1946 were the record observances and news coverage of Social Hygiene Day and the New York City *Stamp Out VD* Fund-Raising Campaign. A brief review of these and other activities of the Division follows.

Social Hygiene Day, 1946

The Social Hygiene Day Kit and other materials were prepared in 1945. The effectiveness of this material is reflected in the record number of Social Hygiene Day observances reported by the Division of Community Services. The Division of Public Information records the following regarding Social Hygiene Day: Free material distributed included 5,000 Kits; 175,000 Announcement Folders; 100,000 *See Here, Private Citizen* leaflets; and 15,000 *Beyond Victory* posters. There were seven national releases, and at least 1,000 news clippings were received. Every New York City newspaper covered the Association's Annual Meeting in New York City.

Social Hygiene Day, 1947

The preparation of the 1947 Social Hygiene Day Kit and other materials was completed December 17. During this period the following items were planned, designed, written and produced: Social Hygiene Day Kit, consisting of the Transmittal Letter, including order blank, report postcard, membership invitation circular, membership blanks; Press and Radio Folder, including 28 pages of

sample releases, speeches, radio scripts, proclamation, etc.; Promotion Folder, including nine pages describing publications for sale from the Association of special aid for implementing various aspects of the Social Hygiene Program in communities; Social Hygiene Day Poster, Social Hygiene Education Poster, 20 pamphlets including *Working Together* and four from the U. S. Public Health Service.

New York Fund Raising Campaign

The Division's efforts were devoted almost exclusively to the New York City *Stamp Out VD* Campaign from July 15 to November 15. The attempt was made to publicize the name of the Association and the appeal for funds through every possible medium. These efforts were facilitated by the cooperation of an outstanding group of radio, newspaper and public relations people who served as a volunteer Publicity Committee. The results recorded below necessarily were predicated on very numerous personal contacts with editors, radio people and public personalities, on a constant flow of correspondence and on the preparation of voluminous background material for feature and editorial writers, radio commentators and committee members.

We issued 28 releases (11 general releases but with mention of campaign), and 91 separate news stories were received from the clipping service. Background material furnished for feature articles includes: *Sunday News*—two-page feature; articles in *American Mercury*, *Colliers*, *Science Illustrated*; features in *Brooklyn Eagle*, *New York Post*, *This Week*; and still to appear, in *Sunday Times Magazine* and *American Weekly*; editorials in the *Tribune* and *News*. Letters were prepared for celebrities and appeared in the *Times*, *PM* and the *Post*. We prepared material for 16 radio programs on 5 stations and spot announcements were used over most local stations.

On October 7, the *Stamp Out VD* Campaign was officially opened by a rally on City Hall steps, at which the Mayor's Proclamation designating *Stamp Out VD Month* was read. Speeches were made and Joe Louis knocked out a dummy labelled VD. Photographs of the Joe Louis stunt appeared in the press of New York City and throughout the country including *Time Magazine*.

On October 8 about 200 selected guests attended the opening luncheon over which General Irving J. Phillipson presided and at which Mrs. Eleanor Roosevelt, Admiral Ross T. McIntire, Fannie Hurst, and others spoke. The luncheon was followed by a press conference for science editors, resulting in good coverage.

Captions were prepared for the *Stamp Out VD* emblem and newspapers were urged to run it as a box either daily or occasionally. The *New York Times* used the emblem six times; it was also published in the Westchester papers.

Material printed for the New York City campaign included five different items and totaled 160,000 pieces.

National Fund Raising Campaigns

In the middle of December, the Division began the task of servicing state and community fund-raising campaigns with publicity material. A national campaign folder in an edition of 40,000 has already been printed and 100,000 more have been ordered. A series of suitable releases with local tie-ups have begun to flow to campaign cities. Complete campaign background material was supplied to Chicago and Boston.

New Publications and Pamphlets

The following new printed items were produced during the year: ASHA edition, book, *Control of Venereal Disease*, by Drs. R. A. Vonderlehr and J. R. Heller; ASHA reprint of *Mercury* article by Albert Deutsch, *The Prostitution Racket Is Back*; ASHA edition of Public Affairs Pamphlet, *How Can We Teach About Sex?*, by Benjamin Gruenberg; *Human Relations Education*, by Dr. G. G. Wetherill; *Questions and Answers* (revised edition); *That Baby You Love* (revised edition); *Social Hygiene Education in the Oregon Schools* (for kit); *Working Together to Stamp Out VD*, by Walter Clarke (for kit); and *See Here, Private Citizen*.

Material Distributed During 1946

1,480,843 pamphlets (including 49,000 *Questions and Answers*; 190,000 *Here's What You Should Know*; 745,000 copies of tabloid leaflet, *You and Your Health*—distributed under joint auspices of social hygiene societies, health departments, trade unions, business associations and other community organizations), 4,922 books, 18,384 posters, exhibits and displays, and 88 films distributed.

IV

THE JOURNAL OF SOCIAL HYGIENE AND THE SOCIAL HYGIENE NEWS.

JEAN B. PINNEY, *Editor*

Soon after the Association was incorporated in March, 1914, two periodical publications were established as official spokesmen for the new organization. The JOURNAL OF SOCIAL HYGIENE, published as a quarterly magazine from 1914 to 1923, contained articles reporting and evaluating results of research and other developments in the social hygiene field. The SOCIAL HYGIENE BULLETIN, a sixteen-page illustrated magazine, brought news of international, national, state and community events, information about new publications, and summarized the social hygiene picture in brief.

After testing this plan for ten years, the Association's members, who comprise the bulk of the JOURNAL'S readers, expressed the view that a "meaty" publication would be appreciated more frequently than quarterly, and the JOURNAL and the BULLETIN were combined to make a 64-page magazine, published each month except for July, August and September. Two years later, in 1925, the SOCIAL HYGIENE NEWS was established in its present leaflet form.

The JOURNAL aims to bring to social hygiene workers and all persons interested, information of current interest and permanent reference value on progress in the social hygiene field. It undertakes to lead the way and to set the pace in promoting and describing new social hygiene methods and materials and in helping to initiate and advance new projects through bringing them to the attention of its readers. For example, most of the Association's current popular educational pamphlets were originally published in trial form in the JOURNAL, then revised and reprinted in accordance with comments and suggestions received from readers. JOURNAL columns have also been used to introduce such useful compilations as the *Social Hygiene Yearbooks* of 1938 and 1942.

A plan of devoting the main articles in each number to some special social hygiene topic has been followed to some extent as a convenient and economical device to bring together the best information on that topic available at the time. The series of issues on *Social Hygiene and National Defense*, and *Social Hygiene in Wartime*, published from 1940 to 1945, which are widely used and appreciated by libraries and other reference groups, are notable instances of this plan.

While it is prepared chiefly for the aid and interest of social hygiene groups and the Association members, the JOURNAL is also directed toward informing and aiding all other groups in related fields, i.e., health, welfare, education, religion, *et al*, and toward enlisting the interest and aid of new groups and persons. Readers comprise largely: (1) Parents and other interested lay persons; (2) Staffs and members of social hygiene societies; (3) Other professional workers, including physicians, nurses, teachers, ministers, social workers, university groups, and in general a cross section of professional life.

Since 1940 the circulation of the JOURNAL has averaged 30,000 copies a year. In 1946 the average circulation was about 3,500 copies per issue. Following the plan of issues on special topics, the nine numbers for 1946—the Thirty-second Volume—dealt respectively with:

Recent Facts and Figures in the Social Hygiene Campaign, Social Protection at Home and Abroad, The Association's Thirty-third Anniversary Meeting, Lessons Learned in Wartime, National Planning for Social Protection, Thirteenth Annual Library Number, Social Hygiene and the Citizen, Social Hygiene Laws in Action, and Social Hygiene Day.

Although the general necessity for economy made it necessary to reduce the number of pages for some issues in 1946 and prohibited to a large extent illustrations and special features, the thirty-second volume runs to nearly 500 pages and compares favorably with other years.

Reprints and preprints of many of the articles have extended the JOURNAL's influence, and a distribution feature in 1946 has been the provision, from a special stock held for the purpose, of back

numbers to libraries, health and other agencies in countries cut off from the United States and from each other during the war years. This service, conducted to some extent in cooperation with the American Library Association and the Library of Congress, has also filled many requests received from abroad by the Association directly.

The JOURNAL has been fortunate in having during its entire history the guidance and cooperation of an editorial board comprising a notable group of men and women, including Dr. Edward L. Keyes, Dr. William F. Snow and Professor Maurice A. Bigelow. The job of editing and handling printing details has also had continuity. Ray H. Everett was editor from 1919 until 1931. The present editor took over in January, 1932.

During the year 1946 guidance of the JOURNAL was assumed by the General Advisory Board's reactivated Division Reference Committee on Public Information and Publications, with Mr. Everett as Chairman and a membership of ten persons active and experienced in this field. During the autumn months this Committee made an extensive study of JOURNAL needs and opportunities, followed by a detailed report and recommendations for the future of the magazine.

The Social Hygiene News

As stated above, the NEWS was established in 1925 as an inexpensive and brief means of informing a large number of state and community leaders and interested citizens regarding special social hygiene events and new publications. For some years it was published twice a month and is now a monthly. The mailing list has comprised as many as 35,000 names and is now about 20,000.

As the name suggests, this publication reports briefly the news on current events and projects in the social hygiene field. It is designed to provide a means of advising the mass of persons concerned with social hygiene work as to current events, to knit together community organization and program efforts, and to stimulate action and interest among the people who are doing the job locally. It is especially designed for quick reading by those many workers in the field who have not the time to study and think through the more long-range and fundamental aspects of developments as reported in the JOURNAL.

V

DIVISION OF COMMUNITY SERVICE

ELEANOR SHENEHON, *Director*

The function of the Division of Community Service is the building of citizen understanding of, and active support for, the social hygiene program. To accomplish this end the Division works (1) through the Association's affiliated state and local social hygiene societies; (2) with other interested agencies, official and voluntary, national, state, and local; and (3) with interested individuals.

At the close of the year 1946 there were in operation 218 state and local social hygiene societies affiliated with the national organization. The Division provides services of several kinds for these groups, keeping them in touch with overall developments in the national picture, supplying them with materials and with speakers for special occasions, providing them with a limited amount of field service, and working with them for unity of action and approach to social hygiene problems.

The number of state and local social hygiene societies in existence is clearly inadequate in a situation which calls for an active and informed citizen group in every community, to support and supplement official programs in the fields of health, education, and law enforcement. That being so, one of the major functions of the Division is to help communities in organizing local social hygiene societies. As one promising means to this end, it undertook, in cooperation with the United States Public Health Service, a series of organization meetings staffed by a team of visiting speakers and in many cases arranged by an advance field agent. This "team plan," which was carried out under the direction of Mrs. Esther E. Sweeney of the Division's staff, and reached 44 cities in 13 states in 1946, plus other efforts in this direction, brought 37 new social hygiene societies and committees into operation during the year.

It is clear that a new society, struggling with problems of organization, program, and financing, must have special help from national headquarters during its first few years of life. As part of its services to such groups the Division sent members of the Association's staff into the communities which had held "team plan" meetings in 1945 and 1946, to follow up the interest aroused by the original effort, and to give help as needed to the young societies. Such follow-up work, plus the operation of the team plan itself and other field service, took members of the Association's staff into 141 communities in 44 states and the District of Columbia during the year. A member of the Association's Board of Directors visited Puerto Rico also, in the interests of the voluntary social hygiene program during the same period.

The Division maintains relationship with 217 health, welfare, civic, educational and religious national voluntary agencies, plus some contacts with their state and local affiliates. Liaison is also maintained with interested official agencies, federal, state, and local.

The Washington Liaison Office, established in 1939 as a means of facilitating cooperation in the defense and wartime program with Army, Navy, Federal Security Agency and other federal and national voluntary agencies based in Washington, and from 1941 directed by Miss Jean B. Pinney, continued to function in full force for the first part of the year. Since then, in line with other necessary economies, a minimum liaison service has been maintained, as a foundation on which future efforts may be developed.

The Association makes its broadest contact with the American people and their organizations at the time of the Social Hygiene

Day observance in February. This event, which is in its promotion a project of the Division of Community Service, is characteristically marked by group, community and regional meetings, and special radio programs and newspaper publicity. A very large quantity of printed material is supplied without charge to cooperating agencies at this time, to assist them in building their Social Hygiene Day programs. Demands for special Social Hygiene Day materials and press coverage indicate that meetings are held in some thousands of communities, including the majority of larger cities of the country. In addition, newspapers and radio carry word of the social hygiene program to a very large number of Americans at this time.

Other projects of the Division include the Annual Conference of Social Hygiene Society Executives, a two-day meeting held in New York City, at which the members of the staff of the national association meet with representatives of its affiliated state and local societies for a discussion of mutual problems; the organization of associate group meetings, held at the time and place of the annual conferences of other national voluntary agencies; and the provision of speakers on social hygiene to other groups.

The pressing need in the year ahead, in addition to the maintenance of the services and promotional activities outlined above, is the building of more state and local affiliates and some provision for more continuous and specific help to the newer and less well-established societies. Such help should include both field service and, assistance from the national office. The need is, of course, for additional field and home office staff, plus the funds for travel that give such workers a chance to move across the vast reaches of this country.

VI

DIVISION OF LAW ENFORCEMENT AND SOCIAL PROTECTION

W. GEORGE GOULD, *Acting Director*

Adequate laws and regulations are the legal instruments which enable the health authorities to deal effectively with syphilis and gonorrhoea as public health problems, and the law enforcement officials to do a good social protection job. Vigorous enforcement of the law with citizen support is needed, in addition to adequate laws, acceptable social hygiene education, wholesome recreation and environment, social and religious activities for the conservation of family life, if there is to be a successful venereal disease control and prostitution repression program.

The year 1947 is a legislative year with 44 state legislatures holding sessions. At the invitation of interested groups in a number of states, members of the Division staff during 1946 reviewed, analyzed and drafted premarital, prenatal, prostitution repression and venereal disease control legislation. Advice was furnished either by consultation or extensive correspondence on the administration

of existing laws and ordinances for the betterment of conditions, found by studies to be unsatisfactory. Information was also given in relation to the practices of health and police departments. A 1946 Supplement to the *Digest of State and Federal Laws Dealing with Prostitution and Other Sex Offenses* was prepared and will be published early in 1947. A 1946 Supplement to the *Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea in the Forty-Eight States and the District of Columbia*, is in the process of being prepared for publication. An article dealing with the latest court decisions on the enforcement of venereal disease laws was written for the JOURNAL OF SOCIAL HYGIENE and was published in the November 1946 issue. A paper, *Venereal Disease Control Laws and Their Enforcement*, was read at the National Conference of Social Work held in Buffalo, N. Y., last May. The paper will be published in the *1946 National Conference of Social Work Proceedings*.

On the national level, assistance was given in the passage of Congressional Public Law 381 on May 15, 1946, which makes permanent the provisions of the Act of July 11, 1941, prohibiting prostitution in the vicinity of military and naval establishments. Mr. Bailey B. Burritt of the Association's Board and a member of the Division's staff attended the Attorney General's National Conference for the Prevention and Control of Juvenile Delinquency held in Washington, D. C., during November, 1946. They took part in the panel *Role of the Police* and participated in the writing of the report.

On the international level, consultation and correspondence were carried on with representatives of social hygiene agencies in other countries on legislative and law enforcement measures. A member of the staff addressed and participated in the 53rd Annual Conference of the International Association of Chiefs of Police held in Mexico City in September, 1946. He aided in obtaining from the Convention a Resolution in support of a federal social protection program. Conferences were held with Mexican health and police officials, U. S. Army, Navy and International Institute personnel in regard to prostitution conditions in Mexican towns along the U. S. border.

During 1946 Division staff members also held other appointments with government and other agencies in relation to the social hygiene field. The present Acting Director served as Deputy Venereal Disease Control Officer in the United States Navy. The Senior Legal Consultant served the Association's Committee on International Relations and Activities on a part-time basis. Members of the Division were also consultants for the United States Public Health Service on the legal aspects of venereal disease control.

Last year we saw the temporary discontinuance of the federal program of social protective services to the states. Based on extensive and careful field studies, the Association will join in support of a congressional act maintaining such aid to the state and local authorities. Assistance will be given to the organization of public

opinion supporting the enactment and strengthening of approved laws for the control of the venereal diseases, including federal grants-in-aid to the states.

We are now in another postwar period. We face the problem of holding the gains made during the past thirty-five years. The Division of Law Enforcement and Social Protection plans to continue combatting the return of commercialized prostitution, and promoting adequate programs of community health and welfare.

VII

FIELD STUDIES

PAUL M. KINSIE, *Director*

It is the purpose of this activity to provide, by means of field studies, authentic current information upon which federal, state and local authorities and interested citizens can plan and take action against prostitution and related conditions. These studies also permit the Association to appraise the results of policies and programs which aim to prevent or repress prostitution and other forms of sex delinquency.

The war was scarcely over when the prostitution underworld in many cities began awakening from four years of enforced lethargy. The armed forces were being rapidly deactivated. War plants were being dismantled or reconverted. Uniformed men were disappearing from communities where, during the war, thousands upon thousands sought recreation. The complexion of cities was changing and once again prostitution interests, sensing that the time had come, sought to reestablish themselves, so as to recoup the losses suffered during four lean years when law enforcement against their activities reached a height never before attained.

Old-timers in the racket predicted that history would repeat itself. They described the aftermath of World War I, cited it as proof that when the axis was defeated law enforcement against commercialized prostitution would "ease off." The federal government, they argued, would cease "interfering in municipal affairs." They were sure state and county authorities would follow the same pattern, and they were positive that *laissez-faire* policies would replace repressive measures on the local level. In numerous communities members of the "girl racket" went so far as to state they were reliably informed that the battering from pillar to post, which they received from 1941 to 1945, was strictly "a war measure" and that "as soon as the conflict ends a go-ahead signal will be flashed."

When we examine the record for the year 1946, during which period the American Social Hygiene Association made 302 prostitution surveys in 254 cities selected mostly at random, it can readily be seen that the forecast by exploiters and prostitutes of things to come was not a shot in the dark. Many towns started "reopening." Some actually burst forth almost overnight with flagrant

prostitution activity. Others followed a more gradual process. The lid rose very slowly and cautiously in still others, the chief retarding influence being the housing shortage.

It will be of interest to note the downward trend of prostitution conditions from the time of the national limited emergency in September, 1939, through May, 1945, and the upward surge which started after V-E and V-J Days and up to the early part of 1946. At the end of 1940 more than 33 per cent of the cities surveyed disclosed "bad" conditions. Brothels thrived, hotels harbored resident prostitutes or "call girls." Facilitators—bellboys, cab-drivers and others—engaged in pandering, and taverns were the stamping grounds for "hustlers" and other sexually-promiscuous women and girls. Shortly after Pearl Harbor, law enforcement started to take root. "Bad" communities were reduced to 24 per cent, and in 1943, 1944 and the beginning of 1945 dropped to a bare four per cent of communities surveyed.

The climb back began just after V-E Day, and by the end of 1945 "bad" communities reached 14 per cent. The upward trend of bad conditions continued through the first quarter of 1946 and then levelled off through the balance of the year to about 15 per cent. Prostitution characters do not believe it will stay at the 1946 level. They foresee more reopenings, and place their hopes on receiving the "green light" from many new administrations which will take office during 1947.

They also admit that their calculations thus far in some respects have gone awry. Erstwhile prostitutes, who finished wartime jobs have not and are not clamoring at brothel doors to become inmates. "New girls" from the "chippie" ranks are not being as easily recruited as was anticipated. In fact, brothel-keepers still maintain there is a distinct shortage of "good girls," but they take solace in believing that before long the supply will meet the demand. Rising prices, many believe, will attract many girls to the racket. One, two and three dollar fees have almost entirely vanished. Five, ten and twenty dollars are the figures presently being quoted.

In analyzing the 1946 records further, it is encouraging to note that the bulwarks against prostitution activity have held best in the large cities such as New York, Chicago, Philadelphia, Detroit, Los Angeles, Cleveland, Baltimore, St. Louis, Boston, Washington, D. C., San Francisco, Milwaukee, New Orleans, Seattle, Denver and Atlanta—and all indications are they will remain tightly "closed." The main "break-through" has occurred in cities of 100,000 population and under, where it is believed law enforcement should be easier than in larger communities.

Concerted action by all forces responsible—official and voluntary—can turn prostitution interests back even beyond the excellent status achieved during the war. The aid of Community Chests, Councils of Social Agencies, Social Hygiene Societies, State and City Health Departments, various federal agencies, including the Public Health

Service, the Army and Navy, as well as citizens interested in civic affairs is being enlisted. With the combined efforts of these a betterment of conditions is bound to result.

VIII

DIVISION OF EDUCATION AND SPECIAL PROJECTS

JOHN W. FERREE, M.D., *Director*

Early 1946 saw a revitalization of this Division, with the appointment of a full time Director and a reemphasis on education as the basis for attaining the broad objectives of the Association—repression of prostitution, reduction of the venereal diseases and, most important, preservation and conservation of wholesome family life.

The exigencies of the war years made it impossible for the Association to promote with its usual vigor its long-time, comprehensive educational program. The Association profited, however, by its war experiences. These strengthened long-held convictions that sound "sex education" in its broad sense, is the base upon which rests healthy progress toward broad social hygiene objectives.

The Division has been fortunate to have on its staff as part-time Consultant, Dr. Mabel Grier Leshner, whose sound approach to the many problems of developing acceptable and effective social hygiene education programs in school, church and home is favorably and nationally recognized. During the year seventeen lectures were given in Texas, five in Louisiana, thirteen in Mississippi, seven in Connecticut and twelve in South Carolina. Two institutes were given in Meridian and Hattiesburg, Mississippi. These activities were attended by teachers, parents, social workers, nurses and youth leaders. Outstandingly successful were the summer school courses Dr. Leshner conducted at the University of Utah, Salt Lake City. They resulted in the incorporation of social hygiene education into the curriculum of the Salt Lake City Schools for the 1946 Fall term. This work, plus her presentations made in many states as a part of the "Team Plan," has stimulated action-producing interest and support for the kind of social hygiene education that will equip persons to live in our complex society in a socially acceptable and personally satisfying manner.

The Association gave impetus and guidance to the highly successful Mississippi program of *Education for Responsible Parenthood*. It, in turn, is marking the way by which local communities and states may secure for themselves the benefits of sound social hygiene education, and has furnished specific methods that may be applied elsewhere.

A five-weeks field trip through the Middle West by the Director not only gave the opportunity for stimulating the interest of State Health Departments and State Departments of Education in social hygiene education, but also allowed an appraisal of programs in effect and those being planned. The Director also had an oppor-

tunity of participating in the summer course in *Health and Human Relations* given at the University of Pennsylvania on July 30th.

Study has been made of the educational materials of the Association with the view to making them more nearly meet present demands. Much of the material in recent years, of course, has been slanted to war needs. Publication of *Human Relations Education, A Program Developing in the San Diego City Schools* prepared by Dr. G. G. Wetherill during 1945 and 1946, and of Dr. B. C. Gruenberg's *How Can We Teach About Sex?* indicate the type of material the Division believes is most urgently needed for the future. Revisions of existing pamphlets are under way at the close of the year and will be continued through 1947 along with the preparation of new publications.

The activities of the year 1946 have given further evidence that the great need in social hygiene education is for capable teachers of the subject. The Division has, in its participation in and sponsorship of conferences, workshops, institutes, summer school courses and in its publications and public presentations, constantly called attention to this prime need. Through these means it has also made significant contributions to the recruitment, training and placing of teachers who can capably fill the positions in this field.

An oft-repeated criticism of teacher-training courses in social hygiene has been that they did not give enough in the methodology of integration. The teacher-student obtained a great deal of information on the subject but was not taught sufficiently well how to use it directly in the daily class room routine. The Division has made every effort to correct this deficiency and is happy to report that substantial progress is being achieved.

Two special educational proposals have been prepared and submitted for the consideration of those who may desire to give financial support to furthering social hygiene education. One proposal is a project for the training of Negro professional leaders to develop sound social hygiene education programs for the colored race that will utilize the resources of their own people. The second proposal presents four projects directed toward gaining acceptance for social hygiene education in our school systems and for implementing such education by training teachers and preparing suitable materials for their use.

Nineteen forty-six has been mainly a year of study and preparation as a basis for developing a program that will merit the support and participation of all groups and individuals concerned with the social, health and ethical problems of sex.

The Association through the past thirty-four years has acquired a rich experience and attained an enviable position in this field. The Division, for 1947, hopes to be worthy of its heritage and to enhance further its reputation for making constructive contributions to the betterment of the country's health and human relations.

IX

DIVISION OF MEDICINE AND PUBLIC HEALTH

WALTER CLARKE, M.D., *Acting Director*

One of the important objectives of the Association is the reduction of syphilis, gonorrhea and other venereal diseases to points of minor importance among the communicable diseases, and their eventual elimination. Although all activities of the Association contribute in a very real degree to the attainment of these objectives, it is the function of the Medical and Public Health Division to work directly with the medical profession, health authorities, and teaching and research institutions toward these ends, and to guide the efforts of the Association and its affiliates to inform the public regarding these infections, and the actions which can and should be taken to combat them.

In pursuance of these objectives, the Acting Director of the Medical and Public Health Division continued until July 1st, 1946, services begun in 1942 as Consultant to the Secretary of War, in which capacity he acted as an adviser to Army medical personnel and lectured on venereal disease control in the School of Tropical Medicine at the Army Medical School, Washington, D. C. He continued until this same date services begun in 1940 as a member of the National Research Council Committee on Venereal Diseases, which was advisory to the Army, Navy and Public Health Service, and which coordinated outstanding research on penicillin therapy and other research for the improvement of diagnosis, treatment and control of the venereal diseases. He continues in 1947 as a Consultant on Venereal Diseases to the New York State Department of Health, an appointment which began in 1944.

With the assistance of Mrs. Edna Fox, R.N., and other staff members, the Acting Director conducted a study and made a report dealing with venereal disease control activities and needs in Washington, D. C., and surrounding area, as a part of a health and hospital survey of the Washington Metropolitan district. He completed a study of certain aspects of the epidemiology of granuloma inguinale begun three years ago. An article based on the findings of this study is to be published soon.

A report was completed and published entitled *Working Together to Stamp Out VD*. This report discusses the important accomplishments by the federal, state and local health authorities with the assistance of grants-in-aid administered by the U. S. Public Health Service, under the Venereal Disease Control Act of 1938.

The Association, with the National Society for the Prevention of Blindness, supported important research on syphilitic optic atrophy by Dr. Walter Bruetsch, of the Central State Mental Hospital of Indiana. The findings of this research have been published in leading medical journals, and an exhibit based on the findings was presented to the American Medical Association in 1946, and also in

Mexico City before an international medical conference. This exhibit, demonstrated by Dr. Bruetsch himself, was highly commended.

An important activity begun in 1940, and continued successfully in 1946, was the professional course on Venereal Disease Control at the Harvard University School of Public Health, where the Acting Director is Clinical Professor of Public Health Practice. This six-weeks' course was attended in 1946 by physicians and other qualified persons, both military and civilian, from many parts of the world, and had the largest enrollment of students (candidates for degrees, auditors, special students and visitors from other schools of the University) since its inauguration six years ago. Through this course the Association's influence is brought to bear on young men and women who are now or will be in positions of strategic importance in public health in the United States and abroad. The University appointment and the course continues in 1947.

The pharmacy and the industrial projects, carried on in cooperation with the U. S. Public Health Service, were continued under the supervision of the Medical and Public Health Division.

Through the pharmacy project successful efforts have been made to enlist pharmacists in the social hygiene movement. Increasing participation has been noted during the several years of activity of this project. The formal project was terminated by mutual consent in July, 1946, but the activities continue as previously. The Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association act in an advisory capacity to this work.

Through the industrial project the Association and the U. S. Public Health Service endeavor to utilize opportunities afforded by industry to bring information regarding social hygiene to the nation's industrial workers and to improve their health conditions. Great progress was made in 1946 in enlisting the interest and cooperation of trade unions in educational activities. Outstanding advances were made in setting up groups for cooperation between unions, employers and health agencies for joint social hygiene activities in 26 cities, including especially Birmingham, Fort Wayne, Dayton, Atlanta, Chicago, San Antonio, New Orleans and Detroit.

Figures for distribution of publications under these projects are included in the report of the Publications Division.

In 1947 these activities, with the exception of completed wartime assignments, will be continued and a vigorous effort will be made to improve and extend national, state and local venereal disease control activities with the support of Federal grants-in-aid and with the cooperation of the medical and allied professions and the teaching and research institutions of the nation.

X

STAFF OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION
as of January 1, 1947

EXECUTIVE DIRECTOR

Walter Clarke, M.A., M.D., F.A.C.P.

Miriam English Doll, *Administrative Assistant*May Sironen, *Financial Assistant*Jeannet Stern Broadbeek, *Secretary*

SENIOR LEGAL CONSULTANT *

Baseom Johnson, A.B., LL.B.

CONSULTANTS *

Thomas A. Larremore, M.A., B.A. (Music), LL.B.

Mabel Grier Lesher, M.A., M.D.

EDITOR—JOURNAL OF SOCIAL HYGIENE AND SOCIAL HYGIENE NEWS

Jean B. Pinney

FIELD STAFF

Robert R. Dansie, B.A., LL.B.

Louis E. Evans, A.M.

Edna M. Geissler, M.A.

Mebane Hunt Martensen †

Dorothy E. Powell

Wade T. Searles, M.A.

Josephine Abbott Sever, M.A.†

John K. Williams, B.S., LL.B.

HEADQUARTERS DIVISIONAL STAFF

DIVISION OF MEDICINE AND PUBLIC
HEALTH

Walter Clarke, M.A., M.D., F.A.C.P.,

*Director*Jeannet Stern Broadbeek, *Secretary* *DIVISION OF MEMBERSHIP AND
FINANCE

J. Patrick Rooney, A.B., M.S.S.W.,

*Director*Pearl Phillips, *Secretary*DIVISION OF LAW ENFORCEMENT AND
SOCIAL PROTECTION

W. George Gould, M.A., LL.B.,

*Acting Director*Bette Borrok, B.A., *Secretary*DIVISION OF PUBLIC INFORMATION
AND PUBLICATIONSPercy Shostac, M.A., *Director*

Dorothy Loeb Millstone, A.B.,

*Assistant Director*Rebecca Stiller Kay, *Assistant**Director*Elizabeth Norman, A.B., *Secretary*

FIELD STUDIES

Paul M. Kinsie, *Director*Fay Schlossberg, *Secretary*DIVISION OF EDUCATION AND SPECIAL
PROJECTS

John W. Ferrer, A.B., M.D., M.P.H.,

F.A.C.P., *Director*Carmine Wareham, *Secretary*

DIVISION OF COMMUNITY SERVICES

Eleanor N. Shenehon, M.A., *Director*Esther Emerson Sweeney, R.N., *Associate Director*Betty A. Murch, *Assistant Director*Helen Nitka Weiss, *Secretary*LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES AND ACTIVITIES
(Under the auspices of the Committee on International Relations
and Activities)JEAN B. PINNEY, *Director*JOSEPHINE V. TULLER, *Assistant Director*YOULETTA M. ELLIOTT, *Secretary*

* Part time.

† On temporary leave of absence.

FINANCIAL STATEMENT FOR 1946

NET WORTH plus adjustments—January 1, 1946....		\$39,061.20
INCOME—January 1 to December 31, 1946		
Contributions	\$263,293.26	
Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE	3,022.31	
Income from books, pamphlets, films, exhibits and other materials	8,845.68	
U.S.P.H.S. projects	24,141.56	
Miscellaneous income	12.78	
<i>Total Income for 1946</i>	<u>\$299,315.59</u>	
EXPENSE—January 1 to December 31, 1946		
Public Information and Community Service	\$43,350.60	
Legal and Protective Activities	8,039.29	
Medical and Public Health Activities	8,019.20	
Educational Activities	5,302.68	
Field Services	31,809.34	
U.S.P.H.S. Projects	24,141.56	
Special Projects	66,723.21*	
Publications Service	6,159.13	
Committee Activities	3,402.68	
Administration, Publicity and Promotion	94,990.52	
<i>Total Expense for 1946</i>	<u>\$291,938.21</u>	
MARGIN OF INCOME OVER EXPENSE FOR 1946		\$7,377.38
ASSETS:		
Cash, including revolving funds and petty cash	\$23,527.77	
Advances for travel and services	4,495.81	
Accounts receivable	7,264.96	
Securities	8,747.50	
Deferred expense	6,072.38	
William Freeman Snow Medal Fund	411.88	
Committee on International Relations and Activities Fund	1,990.66	
<i>Total Assets</i>	<u>\$52,510.96</u>	
LIABILITIES:		
Accrued Liabilities	6,072.38	
NET WORTH—December 31, 1946		<u>\$46,438.58</u>

* Including field studies of prostitution and related conditions in states and communities, Youth Service, Social Hygiene Day, Industrial Cooperation, Public Health and Medical Projects, Education and Community Action projects.

EXPENDITURE BUDGET FOR YEAR 1947

<i>Functions or Projects</i>		
1. Public Information and Community Service	\$52,940.20	
2. Legal and Protective Services	12,726.40	
3. Medical and Public Health Activities	11,426.40	
4. Educational Activities	12,273.20	
5. Field Service	77,260.80	
6. Special Projects	117,857.50	
7. Publications Service	53,175.00	
8. Committee Activities	18,271.50	
9. Administration	59,069.00	
10. Contingency Fund	5,000.00	
TOTAL		<u>\$420,000.00*</u>

* This budget has been approved by the National Budget Committee of Community Chests and Councils. The Association is approved by the National Information Bureau.

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Program Suggestions for Social Hygiene Day.—As this is written, the usual widespread preparation for observance of National Social Hygiene Day is nearing completion. With the general theme *Stamp Out VD—Prevention Is the Watchword* many communities are holding programs along the lines suggested in the Social Hygiene Day Kit as follows:

AN ALL-DAY CONFERENCE

10:00 a.m. *An Ounce of Prevention*, activities of community agencies (health, welfare, legal and social protective, educational and character-building, recreational) in an over-all preventive program.
Panel Presentation

SINGLE SESSION MEETINGS

12:30 p.m. *The Citizen's Stake in Venereal Disease Control.* (What is being done in the community, program needs, what VD control means to the family and the individual.)
Luncheon Meeting

3:00 p.m. *Sex Education: A Preparation for Life.*
General Session
Speakers: Representative of parents' group; representative of school system; member of the clergy.

Social Hygiene—A Family Protective Program.
Protecting Family Health (public health aspects)
Protecting the Community in which the Family Lives (law enforcement aspects)
Protecting the Family's Young People (educational aspects)

Social Hygiene—A Cooperative Job.
The Role of the Official Agencies (health, welfare, police, courts, schools)
The Role of the Private Agencies (case-work, group-work, character-building, recreational, the Church)
The Citizen and His Responsibility

Protecting Community Health (the activities of the health department in the field of venereal disease control).
Case-Finding
Diagnosis and Treatment
Health Education
What the Health Department Means to the Community

Social Hygiene—A Youth Serving Program.
Sex Education
Social Protection
Syphilis and Gonorrhoea—Enemies of Youth
How Can We Strengthen Our Youth-serving Program?

How Other States and Communities Are Meeting the Need for Broad Educational Programs.

1. Consult these publications:
Meeting Youth Needs, Mabel Grier Leshner, M.D. 10 cents.
Education for Responsible Parenthood in Mississippi, W. G. Hollister, M.D. ASHA Pub. No. A-667, 10 cents.

Human Relations Education—Developing San Diego's Social Hygiene Education, Gage G. Wetherill, M.D. ASHA Pub. No. A-639, 50 cents.
Social Hygiene Education in the Oregon Schools, Adolph Weinzirl, M.D., and Mrs. George Moorhead. ASHA Pub. No. A-672, 5 cents.

2. Make your own proposals for local action.

Family Life Education.

The Parents' Part

The Role of the Schools

The Role of the Church

How These Three Basic Instructions Work Together to Give Young People Preparation for Life

Public Health Nursing Week April 20-26.—The National Organization for Public Health Nursing, in cooperation with the U. S. Public Health Service, other national groups, state health departments, state organizations for public health nursing, and thousands of community groups interested in health, are sponsoring the second Public Health Nursing Week in April. The first week was celebrated in 1946 and the publicity stimulated was a tribute to committees in most of the 48 states and in more than 3,000 communities. Reports sent to NOPHN showed that committees were enthusiastically in favor of repeating the week as an annual observance, and the Board and Committee Members Section and Board of Directors voted in favor of another event in 1947. Objectives of *Public Health Nursing Week 1947* are:

1. To increase understanding of the fact that much needless sickness and suffering can be prevented or reduced by using public health nursing service.
2. To promote greater understanding of public health nursing as a service for everybody—regardless of size of income.
3. To encourage development of public health nursing services in communities now lacking such services.
4. To recruit more public health nurses.
5. To increase citizen participation in and support of public health nursing services.
6. To mark the 70th anniversary of public health nursing in the United States.
7. To observe the 35th anniversary of the National Organization for Public Health Nursing.

NOPHN President, Ruth Weaver Hubbard, R.N., says: "Three years ago we undertook an annual program for more adequate local, state, and national interpretation of that service so that, as public health nursing has developed in quality, it may also grow in quantity for the benefit of all. This year we are to continue this program by sponsoring Public Health Nursing Week. It is hoped that communities throughout the country will again lend their strength to this observance and help interpret public health nursing service to the consumer and to the potential public health nurse. . . . The growing army of public health nurses is still far too small for the demands made upon it by the national health program. There are still places where the services of public health nurses are not available in any form to American families. The public health nurse of the future is yet to be recruited from the young womanhood of today and tomorrow. . . . Today we are free to apply the skills of united effort learned in a war for man's freedom to constructive work for man's health and well being."

The NOPHN's *Fact Sheet About Public Health Nursing* includes the following interesting information:

In 1877 the Women's Branch of the New York City Mission sent nurses into homes on a visiting nurse basis for the first time. There are 20,672 public health nurses (exclusive of industrial nurses) in the United States, Hawaii, Alaska, Puerto Rico, and the Virgin Islands (as of January 1, 1946—Annual Census of Public Health Nurses for 1946—U. S. Public Health Service). These nurses serve six million families in a year, or one out of every six families in the United States.

Public health nurses make 16,200,000 visits to homes a year and give approximately forty-two million hours of nursing service. The United States has 6,060 agencies that provide public health nursing services including 4,467 government agencies, 1,371 voluntary agencies, including visiting nurse associations, Red Cross nursing services, tuberculosis associations, life insurance companies, and 222 are combination agencies (under the joint sponsorship of government and voluntary agencies).

Public health nursing services are being provided in 980 cities and towns with populations of 10,000 or more and 1,937 counties, but more public health nurses are needed if the nation is to have adequate health protection. NOPHN states that 65,000 public health nurses will be needed during the next ten years and says that 8,000 more are needed immediately.

The *Fact Sheet* is part of an attractive collection of materials—*How to Observe Public Health Nursing Week in Your Community*, price 50 cents—designed to help groups planning to observe Public Health Nursing Week, and may be secured from the National Organization for Public Health Nursing at 1790 Broadway, New York 19.

Third National Conference on College Health.—Thirty-five leading organizations in health and education will sponsor the Third National Conference on Health in Colleges to be held in New York City, May 7 to 10, 1947. Invitations to attend the conference, or to appoint delegates to represent the institution, will go to the presidents of more than 900 colleges and teacher-training schools in the United States. National organizations primarily sponsoring the conference include the Association of American Colleges, the American Association of Teachers Colleges, the American Student Health Association, the American Association for Health, Physical Education, and Recreation, and the National Health Council.

Conference president is Alexander G. Ruthven, Ph.D., president, University of Michigan, Ann Arbor, Michigan. Conference planning committee includes Ralph I. Canuteson, M.D., University of Kansas, Lawrence, Kansas, chairman; Ruth E. Boynton, M.D., University of Minnesota, Minneapolis; Walter Clarke, M.D., American Social Hygiene Association; Ira V. Hiscock, Sc.D., and Charles C. Wilson, M.D., Yale University of Public Health, New Haven, Connecticut; Frank C. Stafford, U. S. Office of Education; and H. F. Kilander, Ph.D., Charles E. Lyght, M.D., and Vivian V. Drenckhahn, secretary of the health education staff of the National Tuberculosis Association. Committee headquarters are at 1790 Broadway, New York 19, N. Y. Dr. John W. Ferree, Director of the Division of Education and Special Problems of the American Social Hygiene Association, is serving as Chairman of the Social Hygiene Committee.

Nineteen working committees for the conference have been appointed to investigate and make recommendations in six general areas of college health practices. Special problems of prime importance to young adults in colleges, which will be studied by committees, include health of veterans, mental health,

tuberculosis, dental health, and social hygiene. In order that information on best practices in college health may be generally available to college administrators and health workers, the proceedings of the Third National Conference on Health in Colleges will be published in book form.

National Women's Advisory Committee on Social Protection Holds Meeting.—On December 12 in Washington, Federal Security Administrator Watson B. Miller called a meeting of the National Women's Advisory Committee on Social Protection to discuss current developments and future plans. Mrs. Horace B. Ritchie of Athens, Georgia, presided as Chairman and representatives of a good proportion of the thirty national women's organizations having representation on the Committee attended. Among those present were Mrs. LaFell Dickinson, President of the General Federation of Women's Clubs; Mrs. Oswald B. Lord, of New York, Member at Large; Mrs. Frank Smith, Committee on Legislation, National Congress Parents and Teachers; Miss Ruth Craven, Executive Secretary, National Council of Catholic Women; Dr. Helen Gladys Kain, American Medical Women's Association; Mrs. Tirzah Anderson, National Board of YWCA; Miss Jane M. Hoey, Social Security Board; Capt. Rhoda J. Milliken, Chief of Women's Division, Metropolitan Police Department; Miss Alice Scott Nutt, U. S. Children's Bureau; Miss Cecil Jones, Association of Junior Leagues of America; Dr. Mary Powell Northam, President, Quota Clubs International; Mrs. J. Austin Stone, National Women's Trade Union League of America; Mrs. DeForest Van Slyck, Member at Large; Miss Jean B. Pinney, ASHA.

Present also were Miss Mary E. Switzer, Assistant to Administrator Miller; Mrs. Jewell Swofford, FSA Commissioner for Special Services; Mrs. Zilpha Franklin, FSA Director of Public Information; Mr. Conrad Van Hyning of the Office of Inter-Agency and International Relations; Miss Phyllis Hill, Assistant to Director FSA Bureau of Public Assistance; Mr. Dean Snyder, FSA Community War Services; Mrs. Althea O'Hanlon, Committee Secretary, and other members of the Federal Security Administration staff.

The group heard talks by Administrator Miller, Dr. John R. Heller, Jr., Chief, Venereal Disease Division, USPHS, and Mr. Howard Ennes of his staff, and by W. George Gould, Acting Director of the American Social Hygiene Association's Division of Law Enforcement and Social Protection.

After expressing his appreciation of the Committee's continuing interest in social protection, Administrator Miller brought the record up to date on developments since the termination of the Federal program and emphasized the importance of maintaining the Advisory Committee's support on the program's objectives. Speaking on the current venereal disease control program, Dr. Heller itemized on the credit side of the picture: advances in medical control and treatment; development of more adequate clinics, rapid treatment centers, and hospitals; continuing financial support from Federal,

State, and local funds; the decline in mortality and morbidity rates; and sustained public interest, not only in venereal disease control, but also in the broader aspects of the program including prevention and rehabilitation. On the debit side Dr. Heller cited: rising rates in venereal disease incidence; inadequate reporting of infections; postwar let-down in efforts to repress prostitution; and the persistent lag between time of infection and starting date of treatment. Pointing out that doctors and other professional groups can only hold the line, he concluded with a plea for active citizen participation in support of prevention and control. At the request of the Federal Security Administrator, the Committee agreed to maintain its organization and to hold itself in readiness to assist in community and civic aspects of the broad field of social protection and venereal disease control.

FBI Reports on Juvenile Delinquency Situation.—In a report released by J. Edgar Hoover, Director of the Federal Bureau of Investigation, on November 10, 1946, he states that the juvenile delinquency situation continued grave for the first nine months of 1946. The Bureau reports that with a general increase of 8.1 per cent of crime during this period, age twenty-one predominated in the frequency of both male and female arrests. Among the males alone the most pronounced increases were 21.5 per cent in the eighteen to twenty year old age group and 69.7 per cent in the twenty-one to twenty-four year old age group over the corresponding nine months in 1945.

Mr. Hoover said the group of persons under twenty-one years of age accounted for 17 per cent of the total of nearly 500,000 fingerprint arrest records reviewed. Their arrests represented 51.1 per cent of all auto thefts, 42 per cent of the burglaries, 25.8 per cent of the rapes and 28.4 per cent of the robberies. Female arrests during the first nine months of this year, compared with the same period for 1945, decreased 22.2 per cent and the decreases were most pronounced in the age groups under 25 years of age.

This postwar situation, Mr. Hoover states, is paralleled in other countries. London, for example, has also experienced sharp increases in juvenile delinquency. Of the persons arrested in London in 1945, 52.7 per cent were under twenty-one years of age.

Rural Health Conference Called by American Medical Association.—The American Medical Association, through its Committee on Rural Medical Service, in cooperation with nationally organized farm groups, has arranged a Second Annual Conference on Rural Health Service at the Palmer House, Chicago, Friday and Saturday, February 7 and 8. Invitations have been sent to over 1,300 representatives of farm organizations and leaders in health education which include the superintendents of education in the various states, representatives of state health departments and the deans of medical colleges.

Dr. Bertha Shafer of the Illinois Social Hygiene League will represent ASHA at the meeting.

Dr. George F. Lull, Secretary and General Manager of the Association, will welcome attending groups at the Friday morning session, and Albert S. Goss, Master of The National Grange, Washington, D. C., will lead a discussion on: *The Farmer and the Medical Service Program*. Other topics being considered by the conference include: *Methods of Bringing and Holding Doctors in Rural Areas, Hospital Facilities and Health Centers for Rural Areas, Voluntary Medical Prepayment Plans as They Apply to Rural Communities, Nursing Needs of Rural Communities, Health Council as Agency for Promoting Rural Health, Medical Care for Lower Income Groups*.

Dr. F. S. Crockett, Chairman of the Committee, stated that "it is the hope that this meeting will give the farmer and the doctor an opportunity to exchange views regarding many questions which are of vital importance in developing a better health service in rural communities throughout the United States."

Congress on Obstetrics and Gynecology Plans Conference Program.

—Dr. Fred. L. Adair, Chairman of the Congress, has announced that the Third American Congress on Obstetrics and Gynecology will be held September 8–12, 1947, St. Louis, Missouri. Committees have been appointed and program planning is under way. The over-all planning of the Congress is done by the Executive Committee, headed by Dr. Adair. Dr. Carl P. Huber is Assistant Chairman, Dr. Luella E. Nadelhoffer is Secretary and Dr. Frederic H. Falls is Treasurer. Aiding in the general planning is the Advisory Committee, headed by Dr. Howard C. Taylor, Jr.

Further information may be obtained from Dr. Adair as Chairman, at the headquarters of the American Committee on Maternal Welfare, 24 West Ohio Street, Chicago 10, Illinois.

Ambassador McNutt Receives Decoration.—Paul V. McNutt, American Ambassador to the Republic of the Philippines, and Federal Security Administrator from 1939 to 1945, was recently awarded a Medal of Merit for "exceptionally meritorious conduct in the performance of outstanding services" to the United States during the period of the war.

The presentation was made by President Truman at the White House on November 27, 1946. Mr. McNutt, said the President,

"performed a unique and vital service in coordinating and promoting essential home-front services to safeguard the public health, to provide emergency health, education, recreation and other community services in hard-pressed war areas, and to meet the extraordinary demands of war industry by training workers for maximum efficiency, tapping new sources of manpower and, through his leadership, obtaining the voluntary support of management and labor essential to maximum results in carrying out his programs for conserving the nation's human resources and utilizing them in the best interests of the nation's all-out war effort."

Dr. Weiskotten Becomes Chairman A.M.A. Council on Medical Education.—Dr. Ray Lyman Wilbur, Chancellor Emeritus of Stanford University and President of the American Social Hygiene Association, who has served as Chairman of Council on Medical Education and Hospitals of the American Medical Association since 1929, has

been succeeded by Dr. Herman G. Weiskotten, dean of Syracuse University College of Medicine.

Another appointment announced is that of Frank E. Smith, Ph.D., as Director of the Associated Medical Care Plans, recently organized coordinating agency for prepaid medical care plans in the United States, as sponsored by the American Medical Association. Dr. Smith is located at the A.M.A. headquarters in Chicago. Previous to this appointment he spent two years in the Los Angeles office of the California Physicians Service as Director of Public and Professional Relations. He is a graduate of the University of Southern California, and has done graduate study at Yale and Northwestern universities. He received his Ph.D. at Northwestern in 1939.

Current Events and Dates Ahead

February 5 In 48 States, District of Columbia, Alaska, Hawaii and Puerto Rico	National Social Hygiene Day.
February 5 New York City	Annual Meeting American Social Hygiene Association.
February 9-15 Grand Rapids Michigan	International Council of Religious Education.
February 16-23	Brotherhood Week—14th Annual Observance of the National Conference of Christians and Jews.
February 28-March 1 Atlantic City New Jersey	American Association of Teachers Colleges Convention.
March 1-5 Atlantic City New Jersey	National Association of Secondary School Principals Meeting.
March 1-6 Atlantic City New Jersey	American Association of School Administrators Convention.
March 30-April 6	National Negro Health Week.
April 6-12	Army Week.
April 13-19 San Francisco California	National Conference of Social Work.
April 14-20	Boys Club Week.
April 20-26	Public Health Nursing Week.
April 21-26 Seattle Washington	American Association for Health, Physical Education and Recreation.
May 7-10 New York City	Third National Conference on Health in Colleges.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Community Service
American Social Hygiene Association*

Alabama: Progress at Birmingham Rapid Treatment Center.—A recent report on the Slossfield Health Center in Birmingham, established in 1937 as a social experiment in better living for the Negro population, describes the Rapid Treatment Center as one of the most interesting phases of its program. As a result of the Alabama state-wide venereal disease control and anti-tuberculosis campaign, which requires everyone from fifteen to fifty years of age to have a blood test and x-ray, and to undergo treatment when results are positive, about 300 patients come to the Rapid Treatment Center every nine days. A health education program, designed to make profitable use of the patients' leisure time, has been developed by the nurses under the direction of Dr. John W. Lewis, USPHS physician in charge. Among topics discussed are:

1. *Sex and Modern Living* lectures. Both men and women attend the discussions led by the professional staff. Time allowed for questions and answers.
2. Personal hygiene lectures for the woman patients.
3. *Good Grooming Pays Dividends*, a discussion which proved successful. Several notes of appreciation were left on the nurse's desk when patients were discharged.
4. *Social Hygiene and You*, lecture on venereal diseases. Permitting patients to view *spirocheta pallida* under microscope proved excellent in sustaining interest.
5. *Contribution of the Negro to American Life*, a presentation to stimulate feeling of race pride and desire to learn more about outstanding Negroes.

From an article, *Slossfield Chalks Up Progress*, by Alma Vessels, R.N., Executive Secretary, National Association for Colored Graduate Nurses, in *Public Health Nursing*, September, 1946.

California: San Francisco Publishes VD Information.—Two recent issues of *The Clinic Bulletin*, published monthly by the City and County of San Francisco Department of Public Health Division of Venereal Diseases in cooperation with the San Francisco Polyclinic and Post Graduate School, contain information designed to educate the public in social hygiene problems. *Number 2 of Volume III* is headlined in bold, black type *Prostitution*, and presents the case for repression of prostitution, particularly exploding the theory that legalized prostitution is the answer to venereal disease control, as some thoughtless or uninformed people believe. The Number 3 issue, concerned with VD control, explains why it is sometimes necessary for the health department to "get tough" and quarantine or arrest persons who refuse to remain under treatment voluntarily. A questions-and-answers section presents information on causes and treat-

ment of gonorrhoea and syphilis. These *Bulletins* are eye-catching, in large type easy-to-read style and should prove helpful in San Francisco's campaign against prostitution and VD.

District of Columbia Society Holds Christmas Party; Continues Marriage Education.—Among the varied activities of the Social Hygiene Society of the District of Columbia an outstanding event of the year is the Annual Christmas Party for patients of the Rapid Treatment Center at Gallinger Hospital. Reporting in the January issue of *Social Hygiene News and Views*, Ray H. Everett, Executive Secretary, says about the latest Christmas Party: "We wish all Board members could have gone out to Gallinger Hospital with us on the afternoon of December 23rd for this big event. No speeches were permitted, but the lusty singing of carols and other old standbys would do your heart good. Kenny Shaffer, the lad who makes an accordion do everything but talk, squeezed out one song after another and, as the technicians say, 'audience participation' was 100 per cent." After this the patients were treated to ice cream, cake, fruit, chocolate bars and "smokes" and entertained with games.

Washington newspapers continue to take a lively interest in Mr. Everett's marriage counseling clinics at Arlington Farms. Under the headline *When He Offers You Nothing but Love—Be Careful, Girls*, the *Washington Times-Herald* gives a column report of a recent session, accompanied by a picture of Mr. Everett with two of the government girls taking part in the discussion.

Georgia Conducts Mass-Testing VD-TB Survey.—The December issue of *Georgia's Health*, published monthly by the State Department of Public Health, reports on the Department's 45-day venereal disease-tuberculosis survey in Augusta and Richmond Counties, which, when it ended on October 30, had blood-tested and x-rayed 40,036 persons. It was the fourth such health survey conducted in the State within a year, the first having been the widely publicized Savannah campaign. Since the mass-testing programs began, some 223,000 Georgia citizens have voluntarily gone to the free blood test and x-ray stations.

Augusta's case-finding program had enthusiastic community participation, with many civic groups joining in the effort to spread the health message. Eight-foot lamp-post posters, newspaper publicity, radio programs, a street parade, circulars, lectures, a colorful sound-truck, industrial and community organizations, school participation—all combined to make Augustans conscious of their Health Department's efforts to eradicate the two deadly communicable diseases.

State, federal, and local health department personnel joined in staging the county-wide blood-test and x-ray program. A large serological laboratory, capable of performing upward of 2,500 Mazzini or Kahn tests a day, was staffed with technicians from the State Health Department. Technicians from Georgia's division of tuber-

culosis control manned the 70 mm. x-ray cameras, geared to take 100 pictures an hour. Federal statisticians and local clerical personnel joined in handling the numerous records accompanying the project. Persons found not infected, were mailed promptly a negative report, with the suggestion that they have a periodic blood test and chest x-ray. Suspicious x-ray film, or a positive or doubtful blood test, resulted in an invitation to return to the county health department for re-tests, and, if necessary, for history, diagnosis, interview and suggested treatment.

Those infected were told to see their private doctor immediately. If financially or otherwise unable to pursue this course, they were reminded of the treatment facilities available at Battey State Hospital at Rome, or at Georgia's new treatment center for venereal disease at Alto. Busloads of patients voluntarily made the free nine-day visit to Alto.

Many other cities and counties in Georgia have requested the VD-TB mass-testing survey and the State Health Department is studying means for making its disease-finding technique available to all communities that want to war on these two leading public health enemies.

Kansas Health Department's VD Education Cards in More Buses.—

The colorful and dramatic venereal disease education car cards issued monthly by the Kansas State Board of Health Division of Venereal Disease Control of which Dr. Glenn H. Baird is Director, have been regularly displayed in the transportation facilities in Topeka, Kansas City, Wichita, Junction City and Lawrence. More buses will now carry these cards through the arrangement made by Dr. M. Leon Bauman, Montgomery County Health Officer, for their display in transportation facilities of Independence and Coffeyville, and in an interurban run of 81 miles stopping regularly at Parsons, Dennis, Cherryvale, Independence, Jefferson, Dearing and Coffeyville, Kansas, and Lenapha, Delaware and Nowata, Oklahoma. Also the buses of Leavenworth have started using the VD cards regularly through arrangements made by Mrs. Ruth Owens, R.N., of the Leavenworth City Hall Clinic.

New Jersey Tuberculosis League Honors Ernest D. Easton.—

At the 40th Anniversary meeting of the New Jersey Tuberculosis League, on October 18, Ernest D. Easton, retiring as Executive Secretary after 33 years' service, was made an honorary life member and was designated the first recipient of an annual award named in his honor. The life membership was presented by Dr. Berthold S. Pollak, Medical Director of Hudson County's tuberculosis unit in Medical Center, Jersey City. The resolution authorizing the membership recalled events during Mr. Easton's service in New Jersey since 1909, when he went to Newark to serve as executive secretary of the Newark Anti-Tuberculosis Association. Presentation of a medal symbolizing the Ernest Doane Easton Award was made by Rowan Whealdon,

Executive Secretary of the Essex County Tuberculosis League, on behalf of Mr. Easton's associates and co-workers. The medal is to be awarded annually to an organization executive or staff worker who exemplifies Mr. Easton's tradition of distinguished service.

New Jersey Follows Through on Social Hygiene Program.—The *Industrial Hygiene Newsletter* of October reports results of follow-up on Social Hygiene Day, 1946, when New Jersey's Division of Industrial Health sent to all state industries its monthly bulletin, *What Stake Has Industry in Controlling Venereal Diseases?* Three months later this was followed by a monthly bulletin *What Does This Mean To You?* In this latter bulletin Public Law 103, 1945, was reprinted in full, followed by an explanation of the law's implications as far as the plant physicians and personnel manager were concerned. Since these bulletins were sent out more than fifty inquiries have been received by the Division requesting advice. Physicians and nursing consultants visited twelve of these plants, helping to improve VD employment policies.

The Law mentioned above concerns the disclosure of the identity of persons with venereal diseases. For copies address Division of Industrial Health, State Department of Health, Trenton, New Jersey.

New York Tuberculosis and Health Annual Conference March 20.—Authorities on various phases of tuberculosis work, social hygiene and health education will present papers at morning and afternoon sessions and a noted health authority will address the luncheon meeting of the Annual Conference of the New York Tuberculosis and Health Association, to be held Thursday, March 20, 1947, at the Hotel Pennsylvania. Election of officers of the Tuberculosis Sanatorium Conference of Metropolitan New York, which will meet simultaneously, also will be held. For further details address the Association, 386 Fourth Avenue, New York 16.

WORLD NEWS AND VIEWS

JEAN B. PINNEY
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and

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LIAISON OFFICE

FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES AND ACTIVITIES

*(The Liaison Office is sponsored by the Committee on
International Relations and Activities, American
Social Hygiene Association)*

United Nations: General Assembly and Economic and Social Council Meeting

The second part of the first session of the UN General Assembly, held in New York, terminated on December 15, 1946, having opened on October 23rd. During the 53 days the record showed 35 plenary meetings and 357 committee and sub-committee meetings, involving 1,012 representatives, advisers and staff members of delegations. Resolutions on 73 subjects were passed, ranging from matters of "immense world importance to those of organizational detail" to quote the *UN Weekly Bulletin*.

Among the actions of special interest to social hygiene workers were a number as recommended to the Assembly by the Economic and Social Council, which had met for its third session at the Interim Headquarters, Lake Success, N. Y., from September 11 to October 3:

World Health Organization: The report and recommendations of the International Health Conference, held last summer in New York, were approved, and the Assembly recommended to UN members their acceptance of the WHIO Constitution, as a specialized UN agency, as soon as possible. Twenty-six nations must deposit ratifications of the Constitution with the UN Secretary General before WHO comes into being. Meanwhile the Interim Health Commission carries on.
(See below.)

Social Commission: The Temporary Social Commission, appointed last spring to study the field of international social welfare, recommend needed action, and to accept responsibility for certain functions of the League of Nations, was designated a permanent body of ECSOC, with representatives to be assigned from each the Council's eighteen member nations.

Commission on the Status of Women: This group, originally a Sub-Commission of the Council's Commission on Human Rights, was made a full Commission with members from fifteen nations. The Assembly recommended to Member governments not already doing so that they grant to women political rights equal to those of men.

Commission on Narcotic Drugs: Fifteen members are also appointed to this important Council group.

Commission on Human Rights: This Commission was continued, with 18 members.

Social Welfare Functions of UNRRA: The Assembly voted to assume responsibility from UNRRA, when that organization ceases to operate, of advisory social welfare functions, including the continuance of fellowships for study in this field.

Children's Fund: The International Emergency Children's Fund was established for the benefit of children and adolescents of countries which were victims of aggression, to assist in their rehabilitation, and for child health purposes generally. Members of the Fund's Executive Board will represent 23 states.

UNESCO Agreement Approved: Draft agreements were approved as negotiated by ECSOC to provide for working relationships between UN and the four specialized agencies so far set up, of which the UN Educational, Scientific and Cultural Organization is one. (*See below.*)

(The others are the International Labour Organization, the UN Food and Agricultural Organization and the International Civil Aviation Organization.)

Other United Nations Events

WHO Interim Commission Holds Second Session.—The Interim Commission of the World Health Organization, established by the International Health Conference at New York in July, 1946, held its second session at Geneva, Switzerland, November 4 to 10.

With Dr. Andrija Stampar (Yugoslavia), Commission President, in the chair, the group considered such matters as: relations between WHO and the United Nations, transfer of services of other international health organizations to WHO, including UNRRA, and the International Public Health Office; negotiations with the Pan American Sanitary Bureau, methods of cooperating between WHO and other international and national organizations interested in health, and various administrative affairs.

Eighteen nations are represented on the Commission. Present at the Geneva meeting were:

Australia: Dr. George Muir Redshaw, Chief Medical Officer, Australia House, London.

Brazil: Dr. Geraldo H. de Paula Souza, Director of the Department of Hygiene and Public Health, University of Sao Paulo.

Canada: Mr. Brooke Claxton, Director of the Department of National Health and Welfare; Dr. H. A. Ansley, Assistant Director of Health Services for the Department; Dr. T. C. Routley, General Secretary, Canadian Medical Association; Mr. Jean Chapdelaine, Secretary, Canadian Embassy in Paris.

China: Dr. Szeming Sze.

Egypt: Dr. Aly Twefick Coucha Pasha, Undersecretary of State, Ministry of Public Health.

France: Dr. André Cavaillon, Director General of Health, Ministry of Public Health; Dr. Xavier Leclainche, Regional Director of Health; Dr. Lucien Bernard, Medical Inspector; Dr. H. Y. Sautter, Medical Inspector.

India: Major C. Mani, Deputy Public Health Commissioner, New Delhi.

Liberia: Dr. Joseph Togba, Physician to the Liberian Government Department of State, Monrovia.

Mexico: Dr. Manuel Martinez Baez, Permanent Representative from Mexico to UNESCO.

Netherlands: Dr. C. Van den Berg, Director General of Public Health, Ministry of Social Affairs; Dr. W. A. Timmerman, Director, National Institute of Public Health, Utrecht; Mr. C. J. Goudsmit, Ministry of Social Affairs.

Norway: Dr. Karl Evang, Surgeon General of the Department of Public Health.

Peru: Dr. Carlos Enrique Paz Soldan, Professor of Hygiene, Faculty of Medicine, University of Lima.

Ukrainian Soviet Socialist Republic: Dr. Levko I. Medved, Deputy Minister of Public Health.

United Kingdom: Dr. Melville Mackenzie, Principal Medical Officer, Ministry of Health; Dr. W. H. Kauntze, Chief Medical Adviser, Colonial Office; Dr. Percy Stocks, Medical Statistician, Office of the Registrar-General for England and Wales; Mr. C. H. K. Edmonds, Assistant Secretary, Ministry of Health; Mr. R. Brain, Principal, Ministry of Health; Mr. F. A. Vallat, Foreign Office; Mr. L. M. Feery, Principal, General Register Office.

United States of America: Dr. Thomas Parran, Surgeon General, United States Public Health Service; Dr. H. Van Zile Hyde, Senior Surgeon, USPHS; Dr. James A. Doull, Chief, Office of International Health Relations, USPHS; Mr. Howard B. Calderwood, Consultant, USPHS.

Union of Soviet Socialist Republics: Dr. Fedor Grigorievitch Krotkov, Deputy Minister of Public Health, Member of the Academy of Medical Sciences.

Venezuela: Dr. Arnaldo Gabaldon, Chief Malaria Division, Ministry of Health and Social Welfare; Dr. Dario Curiel, Chief, Division of Epidemiology and Vital Statistics, Ministry of Health; Dr. Santiago Ruesta Marca, Technical Assessor, Ministry of Health and Social Welfare.

Yugoslavia: Dr. Andrija Stampar, Rector of the University of Zagreb; Dr. Dimitrije Juzbasic, Professor of the Medical School of Skoplje.

Observers

United Nations: Dr. Jean Lucas, Chief, General Research Section, Department of Trusteeship; Mr. Gilbert E. Yates, Secretary, ECSOC.

International Office of Public Health: Dr. M. T. Morgan, President of the Permanent Committee; Dr. L. M. Gaud, Chairman of the Committee on Finance and Transfer.

Pan American Sanitary Bureau: Dr. Aristides A. Moll, Secretary, Washington, D. C.

UNRRA: Dr. Neville M. Goodman, Director of Health Division, European Regional Office.

Dr. Brock Chisholm of Canada is Executive Secretary of the Interim Commission, which now has New York Headquarters at the Empire State Building in New York. Dr. Frank Calderone is Headquarters Director at that address.

The Commission is scheduled to hold its third session at Geneva, beginning March 31.

UNESCO Completes Organization and Plans for 1947.—The First General Conference of the UN Educational Scientific and Cultural Organization finished its deliberations in Paris on December 10. Delegates of 44 UN Member nations attended, with Sweden, Switzerland and Iceland sending official observers.

An Executive Council of 18 members was elected, Dr. Julian Huxley, British biologist who had served as secretary general of UNESCO's Preparatory Commission during its two-year duties, was elected Director General, and Dr. Walter H. Laves, a member of the United States National Commission to UNESCO, will serve as Deputy Director General. Headquarters of the organization will be in Paris.

The three weeks' discussions of the Conference focused on the report submitted by the Preparatory Commission. In a plenary session on December 9, a full program, stressing mass education and communications, was approved. Among the first projects proposed is one for a world-wide revision of school textbooks. Another is the study of fundamental education throughout the world, by a five-year panel to ascertain the best methods of introducing modern educational, scientific and cultural methods into backward regions.

As stated in the November JOURNAL,* Professor Charles S. Johnson, President of Fiske University and ASHA Vice-President, was a member of the U. S. delegation to the Paris Conference, and Dr. William F. Snow attended some of the sessions while in Paris in November. Mr. William Benton, Assistant Secretary of State, headed the USA delegation, and a member, Archibald MacLeish, Deputy Chairman, was elected to the Executive Council.

UNESCO functions as a Specialized Agency cooperating with the UN Economic and Social Council, and its Constitution has now been signed by 29 nations, 20 signatures having been required to bring it into being. The U. S. Congress enacted *Public Law 565* last July to provide for our participation. ASHA is represented through the National Social Welfare Assembly, whose Executive Committee Chairman, Mr. Frank Weil, is a member of the United States National Commission to UNESCO. Miss Jean B. Pinney, Secretary, ASHA Committee on International Relations and Activities and Director of the Liaison Office for International Social Hygiene Agencies and Activities, is a member of the Assembly's Committee on Cooperation with UNESCO.

Of General Interest

International Assembly of Women Meets in New York.—One hundred and thirty-seven women representing 28 foreign countries, and 50 delegates from the United States, joined in a ten-day International Assembly beginning October 13 last, at the home of Mrs. Alice T. McLean, South Kortright, Delaware County, New York, to discuss world affairs from the political, social, economic and spiritual points of view. The Assembly was called by national women's organizations

* Please see that issue for details of UNESCO organization and objectives.

of the United States, with a large group of American women, headed by Mrs. Franklin D. Roosevelt, acting personally as sponsors. Mrs. McLean served as Assembly Chairman, with Mrs. E. C. Carter and Mrs. C. Reinhold Noyes acting as Chairman and Secretary of the Steering Committee.

Climax of the Assembly was an all-day meeting at the Hotel Waldorf-Astoria, New York, on October 24, attended by more than a thousand women. Reporting on discussions held at previous sessions, on the general theme of *The World We Live In and the World We Want*, forums were held on the topics: *What kind of political world are we living in? What kind of economic world are we living in? What kind of social order should we strive to achieve? What is the spiritual and moral situation of the world we live in and how can we apply the ideas exchanged at this conference for the benefit of our communities, our nations and the world?*

A full report of the Assembly Proceedings will shortly be published.

China: Penicillin Plant Opens in Peiping.—The American Bureau for Medical Aid to China has announced the opening on January 1, in the laboratories of the National Epidemic Prevention Bureau, situated on the grounds of the Temple of Heaven in Peiping, of the first plant for production of penicillin in China. Dr. J. Heng Liu, former Minister of Health and Surgeon General of the Chinese Army, now medical director of ABMAC, in describing the new development said that the output will be 100 vials of penicillin per day, and that the plant will serve as a training center in penicillin production techniques. Penicillin has been so scarce in China, Dr. Liu stated, that its use has been prohibited for treatment of venereal diseases.

The plant was purchased and shipped to China by the Bureau, and is in charge of Dr. Tung Tsun, who received his training in the United States under the postwar program recently started to aid improvement of China medical and public health facilities. This program includes a three-year plan of aid to six Chinese universities, and fellowship grants to Chinese members of the medical, public health, pharmacy, nursing and dental professions, some forty of whom are already studying at various technical institutions in the United States.

The Bureau, which is a cooperating agency of United Service to China, with headquarters at Room 701, 1790 Broadway, New York, was founded in 1937 by American and Chinese medical men in the United States, to aid China's war effort through assistance to her medical services.

Costa Rica: Progress in Education.—*Education in Costa Rica* is the title of a sixty-two page report recently issued by the U. S. Office of Education as one of a series of basic studies on education in Central and South American countries, under the sponsorship of the Interdepartmental Committee on Scientific and Cultural Cooperation. The studies, part of a program to promote understanding of educa-

tional conditions in American countries and to encourage cooperation in inter-American education, as projected by the Government-wide program of cultural cooperation under State Department auspices, began in 1943. Data is gathered from firsthand observation by Office of Education specialists in the various countries.

Education in Costa Rica is based on information gathered by the author, John H. Furnay, Senior Specialist on Education in Latin American Countries, Division of Comparative Education, in 1944, and supplemented since then by documentation. The text includes eight *Chapters* and a *Bibliography* of Spanish and English book, pamphlet and periodical publications relating to the Costa Rican Republic. Chapter headings are:

Chapter I. The Country and Its People. II. Costa Rica Goes to School. III. Kindergarten and Elementary Education. IV. Secondary Education. V. Training and Status of Teachers. VI. Higher Education. VII. Agencies of Public and Pupil Welfare. VIII. Summary and Conclusions.

Of special interest to social hygiene workers is the description of medical services in the schools, which says:

“The National Board of Health appoints school medical officers whose function is to visit each secondary school at least twice a week; examine and prescribe for any illnesses or abnormalities in the students, employees or teachers; make a complete health history of each student and report all findings to the parents; see that the general conditions of the school are hygienic; give talks and hold conferences on sex hygiene and venereal diseases, especially for upper-class boys; work out health programs with the teachers of hygiene and physical education, and cooperate in the organization and functioning within the school of such other organizations as the Red Cross. . . .”

In cooperation with the National Library at San Jose, the capital, and the provincial libraries, a comprehensive library system is maintained in the schools. The facilities of the National Museum in San Jose are also extended to the schools, with groups of children in steady attendance.

At the University of Costa Rica in San Jose, a School of Social Service, created in 1944, has become part of the regular curriculum.

EDITOR'S NOTE: Among the voluntary agencies which have had a part in the development of the latter project is the Social Hygiene League of Costa Rica, a national organization with branches in the provinces and larger towns.

Latin-American Health Educators Study at Cleveland Health Museum.—Dr. Bruno Gebhard, Director of the Cleveland, Ohio, Health Museum, writes:

“Of the near-a-hundred interns who have studied at the Cleveland Health Museum since 1943, six have come from Latin-America to study visual health education techniques. Two of them, Dr. Manuel Urrutia of the Museum of Hygiene in Mexico City, and Dr. Herman Saavedra Bayer of the planned Museum of Health in Bogota, Colombia, will continue to use their acquired knowledge in their regular work.

“The other four South Americans, studying at the Museum for periods of one month, two months and one week, are: Dr. Pedro Penna and Dr. Mario Queiroz, of the National Public Health Educational Service, Rio de Janeiro; Dr. German Castillo from Nicaragua and Dr. Luis Mendonca de Silva from Rio

de Janeiro. These students were sponsored by the Institute of Inter-American Affairs.

“Aside from the interns, visitors from Latin-America often call at the Museum for quick one-day surveys.”

Dr. Leo S. Rowe's Death Saddens the Americas.—The sudden death by a traffic accident on December 5, of Dr. Leo S. Rowe, Director General of the Pan American Union in Washington since 1920, shocked and saddened workers for progress in Inter-American relations throughout the Western Hemisphere. Dr. Rowe was struck by an automobile while on his way to attend an official evening reception at the Bolivian Embassy. In tribute to his long service and leadership in striving for the ideals of Pan Americanism, the Union's Governing Board, whose members represent each of the 21 American republics, in a special session called by the Chairman, Antonio Rocha, of Colombia, on December 6 passed a resolution declaring Dr. Rowe “A Citizen of the Americas” and calling for the preservation of his ashes within the walls of the Pan American Union Building.

Former Assistant Director Pedro de Alba is serving for the present as Acting Director General of the organization, with William Manger as Acting Assistant Director.

World Events—Current and Future

(Dates subject to revision)

Lake Success New York	United Nations
January 20	Social Commission of the Economic and Social Council.
January 27	Commission on Human Rights, ECSOC.
February 10-14	Conference of International Organizations. Called by Section on Voluntary Organizations, Department of Public Information.
February 12	Commission on the Status of Women, ECSOC.
February 28	Economic and Social Council, Fourth Session.
March 31 Geneva Switzerland	Interim Commission, World Health Organization.
Other Events	
January 12-24 Caracas Venezuela	Twelfth Pan American Sanitary Conference. Second Pan American Health Education Conference.
February 8 Essex House New York	American Association for the United Nations. Review of achievements of the General Assembly.
February 14 Hotel Roosevelt New York	American Association for the United Nations, World Federation of United Nation Associations, and sponsoring international organizations. Dinner meeting.

- February 16 World Association of Junior Chambers of Commerce. First
Dallas postwar meeting.
Texas
- May 11-16 Ninth Quadrennial Congress, International Council of Nurses.
Atlantic City
New Jersey

Recent Publications of International Social Hygiene Interest

(For additional listings see *Publications Received, elsewhere in this number of the JOURNAL*)

Periodicals

United Nations Weekly Bulletin. The *Bulletin*, an illustrated 16 page magazine is the official chronicle of UN events and may be secured for 15 cents a copy, \$6.00 a year, from the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.

Issue of

- December 3
Economic and Social Council Report.
General Assembly Elects Council Members.
- December 10
*Toward Adoption of Health Constitution.**
- December 17
*Accomplishments of Committee on UNRRA.**
- December 24
*World Health Organization.**
International Children's Fund Established.
Expert Advice for Economic, Social and Cultural Developments.
Human Rights and the Rights of States.
- December 31
*Achievements of the General Assembly.**
*Record of the First UNESCO Conference.**
New Protocol on Narcotic Drugs Signed.
- Informacion sobre enfermedades venereas.** Quarterly in Spanish, published under joint auspices of the U. S. Public Health Service, the Pan American Sanitary Bureau and the Secretary of Health of the Republic of Mexico. Versalles 49, Mexico, D. F. October, 1946. A special issue on prostitution and the control of venereal diseases.
- Porque es necesaria la represion de la prostitucion en el control de enfermedades venereas.* Dr. Enrique Villela, Director Tecnico de Campana Antivenerea, Secretario de Salubridad y Asistencia, Mexico, D. F.
- Examen critico de la Regimentation de la Prostitucion.* Dr. J. Bejarano, Professor of Dermatology y Sifilologia, de la Facultad de Madrid, Mexico, D. F.

Reports

- Caribbean Medical Center:** *Organization, development and activities of the Center at Port of Spain, Trinidad, B.W.I. 1943-1945.* O. C. Wenger. Published by the Caribbean Commission, Washington, 1946, 98 p.
- Annual Report, 1946.** Training Division, Institute of Inter-American Affairs. Prepared by the Division Staff, W. W. Peter, M.D., Director, 499 Pennsylvania Avenue, N.W., Washington, D. C.

* See further mention in previous pages.

BOOK REVIEWS

SYNOPSIS OF GENITOURINARY DISEASES.

By Austin I. Dodson, M.D.,
F.A.C.S. St. Louis, The C. V.
Mosby Co., 1945. 313 p. \$3.50.

The author, who is Professor of Genitourinary Surgery at the Medical College of Virginia and surgeon to many Virginia hospitals, has written one of the most practical books in the synopsis series. He has condensed in less than three hundred pages a vast amount of practical and applicable information based upon extensive clinical experience. The book, which is intended for general physicians and medical students, does not go extensively into the surgical aspect but deals more particularly with the diagnostic and medical aspects of urological conditions.

Occupying a prominent place under *Nontuberculous Infections of the Urethra* is an excellent discussion of gonorrhoea. Some attention is given to chancroid and to granuloma inguinale and genital lesions of syphilis.

The book is well illustrated and, like all of the synopsis series, is a handy pocket-size.

WALTER CLARKE, M.D.

SOCIAL CORRECTIVES FOR DELINQUENCY,
1945 Yearbook. New York, National Probation Association, 1945. 328 p. Paper \$1.25; cloth, \$1.75.

This publication consists of seventeen contributed articles by experts in the field of crime prevention and treatment instead of the usual papers given at the annual conference. The subjects treated fall into seven categories: 1. *The War and the Offender* (57 pages); 2. *Origins of Social Thinking in Crime Treatment* (32 pages); 3. *New Approaches in Treatment* (45 pages); 4. *The Delinquent in the Community* (38 pages); 5. *Probation in Practice* (22 pages); 6. *Professional Language* (19 pages); and 7. *Legal Digest* (54 pages).

Of special interest are the articles contributed under category No. 1.

They describe the *Army's Rehabilitation Program for Military Prisoners*, including the largest prison system under American jurisdiction; the *Training of Wayward Sailor Men for Return to Duty*; the *War-Modified Combat Veteran and the Law*; and *Mental Hygiene Frontiers in Probation and Parole Services* as indicated. The digest of laws introduced, passed, or defeated during 1945 in the forty-eight states (7) will be useful to courts and workers in the fields of probation and parole.

BASCOM JOHNSON

HEALTH AND SOCIAL WELFARE. A compilation of information concerning British Services and Agencies. Advisory Editor, Rt. Hon. Lord Horder. London, 1945. 336 p. 21s.

These two volumes, apparently the first in an annual series, contain articles by leading authorities of England on the various health and welfare programs, both official and voluntary. In addition, a section details, to some extent, the Beveridge Plan and other actual and proposed plans of social security for the British Isles.

The volumes are somewhat similar to the *Social Work Yearbook* published biannually by the Russell Sage Foundation concerning similar services in the United States. British compilations put emphasis on the programs of governmental agencies rather than on the voluntary agencies.

The articles of necessity are somewhat brief as they attempt to describe the various programs and activities of a good many agencies. They will make good reference material for persons who wish to compare programs of similar nature of United States and Great Britain.

The 1945-46 volume covers much more ground than the 1944-45 volume. More agencies are described and the articles give more details.

WADE T. SEARLES

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Annual and Special Reports

- OUR NATIONAL HEALTH PROBLEM, Publication No. 15, Research Council for Economic Security, 105 West Monroe Street, Chicago 3, Illinois.
- SPOTLIGHT ON GARY. Attractive and impressive 36-page brochure, profusely illustrated, reporting on social action for interracial cooperation in Gary, Indiana. National Urban League, 1133 Broadway, New York 10, N. Y.
- THE NATIONAL SOCIAL WELFARE ASSEMBLY. A report on *What It Is and How It Works*, New York, 1947. For copies address the Assembly at 1790 Broadway, New York 19.

Pamphlets for Professional Workers

- BUILDING A BETTER WORLD. A teaching unit for elementary schools, junior and senior high schools. Completely revised by Ruth Strang, Ph.D., 1946. Prepared in consultation with the National Committee for Mental Hygiene. Published by National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
- GROWING HEALTHY. A teaching unit for grades 1-12, revised 1946, by Mabel E. Rugen, Ph.D. National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
- LONG ADVENTURE, THE. Chapters in the Story of Tuberculosis Control, Marie McCall. National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
- TO HAVE AND TO HOLD VOLUNTEERS IN COMMUNITY SERVICES. Advisory Committee on Volunteer Service, Community Chests and Councils, Inc., 155 East 44th Street, New York 17, N. Y.

IN THE PERIODICALS

Of General Interest

- JOURNAL OF HOME ECONOMICS, November, 1946. *To Help Prevent Delinquent Trends*, H. T. O'Connor.
- MEDICAL ECONOMICS, November, 1946. *John L. Lewis vs. the Doctors. The issue: Shall physicians or miners control medical practice in 26 states?* Kent Barstow.

Sex Education, Marriage, and Family Relations

- AMERICAN SOCIOLOGICAL REVIEW, October, 1946. *Hidden Valuations in the Interpretation of Sexual and Family Relationships*, Claude C. Bowman.
- HYGIEIA, October 1946. *Sex Secrecy Is No Answer*, Mildred Dewberry.
- MARRIAGE AND FAMILY LIVING, Autumn, 1946. *Factors Underlying Family Instability*, C. R. Adams.
- NATIONAL PARENT-TEACHER, November, 1946. *Boys, Girls and Sex*, S. R. Laycock.
- NATION'S SCHOOLS (Chicago), November, 1946. *Instruction in Family Living Will Help Prevent Juvenile Delinquency*, A. E. Moore.
- SCHOOL LIFE, December, 1946. *Expanding Role of the School in Parent Education*, S. W. Davis.
- SURVEY MONTHLY, November, 1946. *The Romantic Illusion*, P. H. Landis.
- December, 1946. *Whither Family Life?* Special section interpreting materials from Biennial Conference of Family Service Association. Part I. *Shock Absorber of Social Change*; Part II. *Prevention of Family Disorganization*.

Health Education

- CONNECTICUT HEALTH BULLETIN, November, 1946. *Importance of Social Hygiene Instruction*, W. F. Benedict.
- HEALTH AND PHYSICAL EDUCATION (The Journal of), Washington, D. C., October, 1946. *Health and physical education for democratic living*.
- JOURNAL OF SCHOOL HEALTH (Buffalo), November, 1946. *Correlating Health Education and Health Service in the School Health Program*, A. B. Nelson, R.N.
- PUBLIC HEALTH NEWS, Trenton, New Jersey, October, 1946. *Principles for Effective Health Education*, Dorothy B. Nyswander, Ph.D.

Youth in the World Today

- UNDERSTANDING THE CHILD (New York), October, 1946. *Understanding the Delinquent Boy*, R. J. Fornwalt.
- YOUTH LEADERS DIGEST, Peekskill, N. Y., November, 1946. *How to Make a Juvenile Delinquent*, Judge Philip B. Gilliam and Wm. J. Harper.
- The Los Angeles Youth Committee*, Frank Cane.

Public Health and Medical

- INDUSTRIAL NURSING, December, 1946. *Venereal Disease—What Stake Has Industry in Its Control?*
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Chicago, Illinois, October 19, 1946. *Penicillin in the Treatment of Syphilis in Children*, Joseph Yampolsky, M.D., and Albert Heyman, M.D.
- December, 1946. *Treatment of Early Syphilis with Calcium Penicillin-Oil-Beeswax*, Major Monroe J. Romansky and Charles R. Rein, M.D.
- JOURNAL OF PEDIATRICS, November, 1946. *Penicillin in the Treatment of the Syphilitic Infant; a progress report*, E. K. Rose, M.D., and others.
- JOURNAL OF VENEREAL DISEASE INFORMATION, October, 1946. *Evaluative Study of Three Types of Epidemiologic Activity on 360 Syphilis Contacts*, H. N. Bundsen, M.D., T. J. Bauer, M.D., and A. H. Baker.
- Experiences with Registered Letter Follow-up in the New York City Health Department*, Theodore Rosenthal, M.D., and George Kerehner.
- Postgraduate Instruction in Venereal Disease*, Albert Heyman, M.D.
- Self-interview Forms in Private Physician Contact Reporting—a new technique in case-finding*, W. G. Hollister, M.D.
- Use of Telegrams in Venereal Disease Case Holding*, R. A. Koch, M.D., and Marian Thornton, R.N.
- November, 1946. *The Clinic Nurse in Venereal Disease*, Philomene E. Lenz.
- The Nurse as a Case Finder in Venereal Disease*, Hazel Shortal.
- The Public Health Nurse in Rapid Treatment Center*, Anne M. Burns.
- Venereal Disease Nursing Within Industry*, Norma F. Whiteside.
- December, 1946. *Studies in Syphilis. VII. The End Results of Untreated Syphilis*, Paul D. Rosahn, M.D.
- Untreated Syphilis in the Male Negro. III. Evidence of Cardiovascular Abnormalities and Other Forms of Morbidity*, Austin V. Diebert and Martha C. Bruyere.
- MILITARY SURGEON, July, 1946. *Why Is Neurosyphilis Uncommon in the Tropics?*, Commander James L. McCartney.
- MICHIGAN PUBLIC HEALTH, November, 1946. *Has Michigan Failed in Venereal Disease Control?*, J. A. Cowan, M.D.
- NAVAL MEDICAL BULLETIN, October, 1946. *Syphilitic Reinfection After Treatment with Penicillin: Report of a case*, Lionel C. Rubin.
- NORTH CAROLINA MEDICAL JOURNAL, November, 1946. *False-positive Serologic Tests for Syphilis*, P. J. Reque, M.D.
- ROCKY MOUNTAIN MEDICAL JOURNAL, Denver, Colo., October, 1946. *The Use of Penicillin in the Treatment of Syphilis*, M. S. Falk, M.D.
- THE BULLETIN, U. S. Army Medical Department, Dec., 1946. *Penicillin in Neurosyphilis*.

ANNOUNCEMENTS

JOURNAL OF SOCIAL HYGIENE

In November: The calls have been heavy for reprints from this special issue on *Social Hygiene Laws in Action*. . . . These may now be had as follows: A-619 *Seven Years' Experience with Premarital and Prenatal Examinations for Syphilis in New Jersey*, John Hall and Glenn S. Usher. . . . A-675 *Twenty-two Years' Progress in Social Hygiene Legislation (Maps)*. . . . A-671 *Social Hygiene Laws in Court: Important Court Decisions and Rulings on Operation of Venereal Disease Laws*, George Gould. . . . A-670 *Premarital and Prenatal Legislation in Canada*, Joseph Lichstein. . . . Each of these reprints sells for 10¢ a copy.

Last month: Two articles from the *Social Hygiene Day Number* have been reprinted. . . . Pub. No. A-678 *The Moral Equivalent for Law Enforcement*, Charles C. Noble, 5¢ a copy. . . . Pub. No. A-679 *What Do Young People Want in a Marriage Partner?*, Mirra Komarovsky, 10¢ a copy. . . . A limited number of the complete issue may be had for 35¢ each.

This Month: Dr. Clarke's review of 1946 activities was preprinted for

general distribution as Pub. No. A-673. . . . Copies are available without charge.

Next Month: Bascom Johnson, ASHA's Senior Legal Consultant, asks and answers the trenchant question *Are We Holding Our Own against Prostitution?* . . . This article, based on an address given at the New York Regional Conference on Social Hygiene Day when it attracted much interest, brings the situation up to date and is illustrated by new charts and graphs prepared by the ASHA Division of Legal and Protective activities. . . . An up-to-date edition of *Milestones in the March against Commercialized Prostitution* will also be a feature of the February issue of the JOURNAL. . . . Also in this issue there will be a Summary Report on action of the United Nations Social Commission regarding assumption of the League of Nations responsibility for suppression of international traffic in women and girls. . . . 35¢ a copy, as usual.

In March: *The Thirty-fourth Anniversary Number*. . . . With proceedings of the Annual Meeting . . . and report on awards of the Snow Medal and Honorary Life Memberships.

NEW BOOKS AND PAMPHLETS

New edition of the Heller-Vonderlehr book. Reynal and Hitchcock, publishers, report a second printing required of the new book *Control of Venereal Disease* by Dr. J. R. Heller, Jr., and Dr. R. A. Vonderlehr. A second printing of the *ASHA Educational Edition* is also being run to accommodate demands. Prices remain unchanged, \$1.25 a copy, \$12.50 a dozen, \$80.00 a hundred plus carrying charges.

If your state is considering social hygiene legislation ask for sample copy of the new edition of the folder *State Laws to Guard Family Life*, Pub. No. A-625. 5¢ each, 50¢ per dozen, \$2.50 per hundred.

New editions of old favorites. Due to requests for suggestions for sex education in educational curricula, new editions of these two publications are in process; Pub. No. A-546, *Sex Edu-*

cation in School Programs on Health and Human Relations, M. A. Bigelow, 5¢ a copy, and Pub. No. A-680 *Building a Program of Sex Education for the Secondary School*, L. A. Kirken-dall, 10¢ a copy. How many shall we send you?

For girls, the popular pamphlet for teen-agers, *Health for Girls*, is about to appear in a new dress and a revised text. This will be a convenient, pocket-size, 3½ x 6½ inches. Single copies 10¢.

Our Family Is Having Its Blood Test Like Thousands of Others. Nearly a million of this little leaflet have been distributed since it was first published in 1938 for use among Negroes. A new edition is now being printed. Pub. No. A-102. \$1.50 per 100, \$7.00 per thousand.

For these and other publications and materials write to
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National Social Hygiene Day
Wednesday, February 5, 1947

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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Postwar Progress Against Prostitution

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EDITORIAL

UNFINISHED BUSINESS

We, the people of the United States, came closer during the War years than ever before to ridding ourselves of the prostitution racket. But we didn't quite do it. Organized vice is still with us. In some communities it has made a strong comeback since 1945. In others it is inching along. Compare the story for 1946 with that for 1944, as told by the charts summing up American Social Hygiene Association studies of prostitution conditions in our communities. In 1946, 87,—34 per cent—of 254 towns and cities studied showed "poor" or "fair" conditions. This is nearly double the number showing unsatisfactory conditions in 1944. Communities showing "good" or "fair" conditions with regard to prostitution in 1944 totalled 82 per cent of those studied. In 1946 conditions in only 66 per cent—167 of the 254 towns and cities—could be considered satisfactory. (See *Figure 1*.)

While the Association's experts in these matters tell us that there is no cause for alarm—*yet*, we can hardly be proud of a record which shows that more than a third of a representative group of the nation's communities are failing to keep the bars up against one of the most vicious and dangerous enemies to the health and happiness of our families and homes.

Commercialized prostitution in the year 1947 is still clearly "unfinished business"—

—still alive

—still "business"

—still, for us, the people, a job to be finished up.

The Association's charts showing how this problem relates to population groupings and city-size furnish additional reasons why we must keep everlastingly at this job of fighting prostitution. There were forty million people in the 254 towns and cities studied in 1946. Of these forty million only four million—ten per cent—lived in communities having GOOD conditions. Two million lived in towns and cities having conditions that actually were BAD. The great bulk of the forty million, 85 per cent, or 34 million, lived in communities that were only FAIR, or POOR. Now consider the proportion of children and young people in our communities. About a third of the population is under 20 years of age, according to the U. S. Census of 1940.*

Is this the best we can do towards giving our young folks a good start in life?

Look now at the charts showing prostitution conditions in relation to the size of communities studied. The percentage of GOOD and FAIR conditions seems to rise with the size of the community. Among cities of 500,000 or more population only 17 per cent were found to have "unsatisfactory conditions" i.e. POOR or BAD, while among communities of 2,500 to 50,000 population 34 per cent were in this undesirable category. Note, however, that the most "unsatisfactory" record appears in the city-group of 100,000 to 250,000 population, where 46 per cent showed either POOR or BAD conditions. Generally speaking, this can mean that under present circumstances the larger communities, where sound programs of repression and safeguards have been built up through a long period of years, and where adequate funds and trained personnel are available, are best equipped today to prevent a resurgence of the prostitution business. It can definitely mean that in many communities where we, the people, rose up in wartime against this evil racket because we saw it was another foe attacking our happiness and safety, now feel, in peace, that the danger is less.

* Total population all ages, according to 1940 Census, was 131,669,275. Of these 10,541,524 were under five years of age, 10,684,622 were between five and nine years, 11,745,935 between ten and fourteen years, and 12,233,523 between fifteen and nineteen years. The group from 20 to 24 years numbered 11,587,835.

If we accept this premise, we were never more wrong.

In his article in this issue of the JOURNAL, *Are We Holding Our Own Against Prostitution?*, Bascom Johnson, a first-rank strategist and fighter in this battle, tells us why we are wrong, and what we need to do to insure that the answer to his question will be a vigorous YES!—not an uncertain WE HOPE SO.

Teamwork is the answer. Teamwork of the splendid, effective type we learned how to do, under the pressure and pain of war, better than ever before. Teamwork of—

—*understanding*

to make sure that all of us know that commercialized prostitution really is a “business”—organized for one purpose, to make money for the proprietors

to make sure, too, that none of us, in this enlightened day and age, are still taking stock in the exploded theory that “the way to take care of this thing is to put the girls in a stockade and have them examined by doctors regularly.” The American Medical Association’s repeated statements that such examinations are no insurance against VD infections ought to be the final word on that fallacy!

—*public opinion*

to put our understanding to work in backing up law enforcement officials in their tough job of ferreting out and destroying the prostitution business

in showing the need and leading the way when that must be done

—*community action*

to furnish a solid, united force behind public opinion and official efforts in repressing prostitution

to provide enough trained personnel and facilities for what needs to be done, not forgetting that the victims of the prostitution business need help—a good deal of it—to find their way back to normal living

to set up safeguards for youth—trained policewomen, good juvenile courts, effective parole and probation systems, recreation that is cheap, plentiful and enjoyable

—*education*

to spread the word among parents, church leaders, teachers, and others who have the privilege of guiding and training youth

to give youth itself the best possible chance to “shun that which is evil: hold fast to that which is good.”

Five years ago, while our country braced itself to stand firm through our most critical experience, President Roosevelt gave us a challenge. He said, after reporting on the success of Federal efforts to eliminate red-light districts and otherwise protect the nation's manpower from venereal diseases and breakdown of morale:

“But this job depends ultimately upon the people themselves and their moral fiber. Increasingly State and local officials are giving leadership in public health and law enforcement. From religious leaders and responsible citizens come to me, almost daily, expressions of their concern, which they are translating into active local cooperation for total effectiveness. In fact, only good local community organization can meet many of these needs.

“I, therefore, call for the united efforts of government—Federal, State and local—of business and industry, of the medical profession, of the schools, and of the churches; in short, of all citizens, for the establishment of total physical and moral fitness—fitness for the freedom we cherish. No one can doubt the objective, or fail to cooperate in the various programs when he understands them. This is one effort in which every man, woman, and child can play his part and share in ultimate victory.”

In 1947, with the prostitution racket striving to regain a foothold in our communities—which means in our homes and families—let us keep these words before us. Let each of us, the people, play our part, work together in finishing up—for all time—this sordid, sinister “unfinished business.”

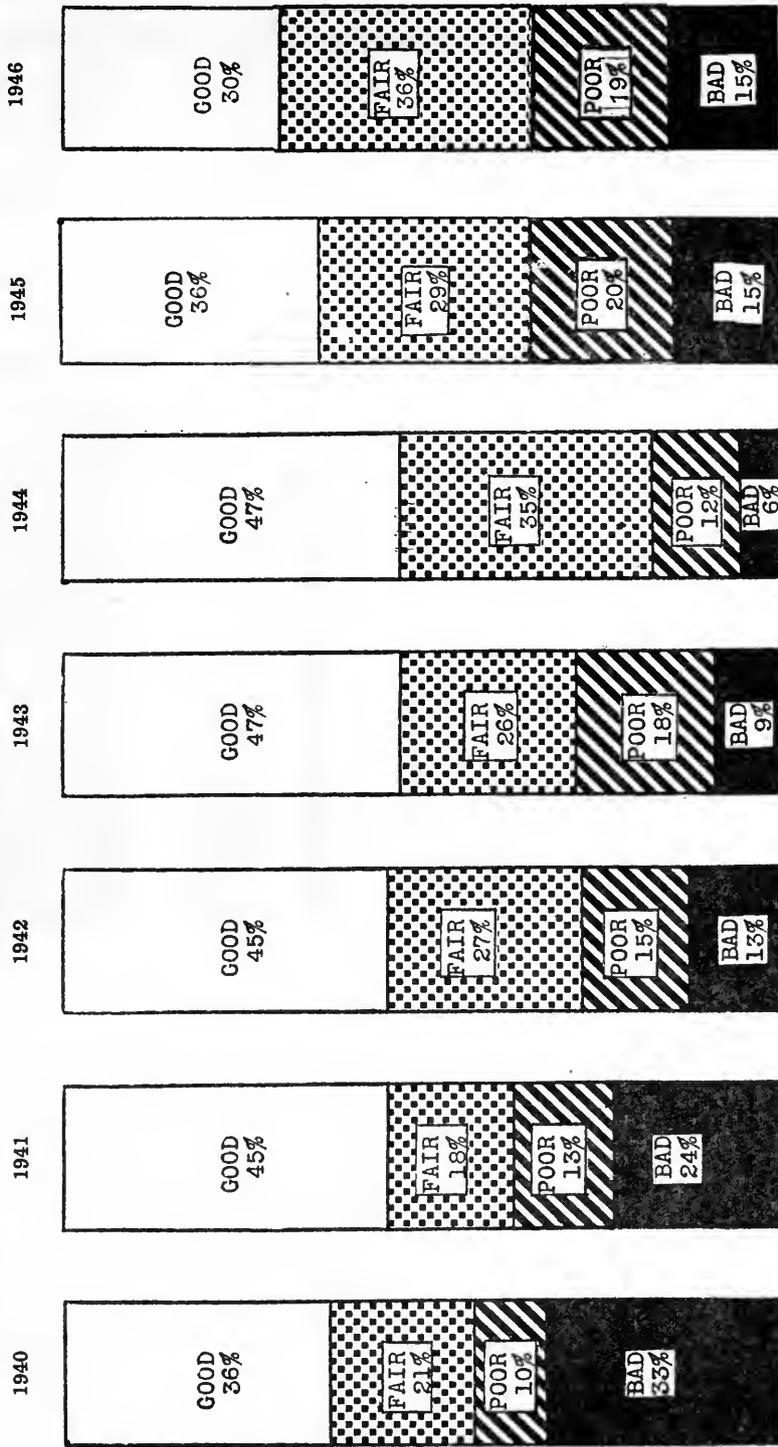
ALAN JOHNSTONE

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Figure 1

IS COMMERCIALIZED PROSTITUTION RETURNING? A SEVEN YEAR SURVEY

An analysis of 2,626 studies made by the American Social Hygiene Association, January 1, 1940 to December 31, 1946, in 1,177 communities

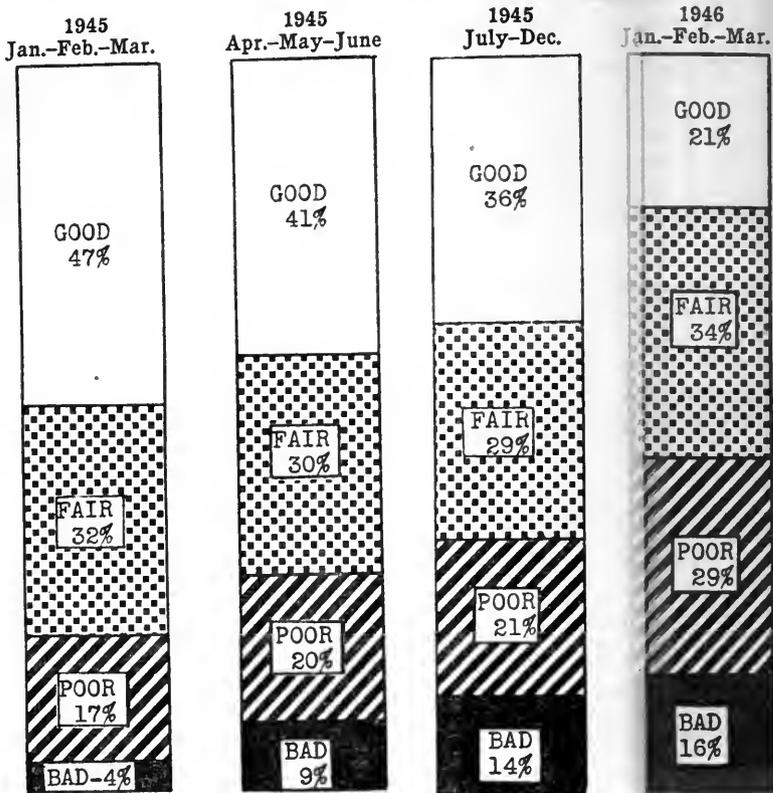


NOTE: In arriving at an opinion as to whether conditions in a given community should be classified as "good," "fair," "poor," or "bad," a number of closely related factors had to be taken into consideration. Briefly these are: (1) size of the community; (2) actual amount of prostitution activity found at time of survey; (3) accessibility of prostitutes, whether hard or easy to find. These factors are considered together to provide the basis for classification.

Figure II

PROSTITUTION IN THE FIRST YEAR OF PEACE

An analysis of studies made by the American Social Hygiene Association in 642 United States cities during 1945 and 1946



Throughout the war prostitution underworld interests in the United States frequently asserted that the "girl racket" would be established as soon as the war was over. Shortly after V-E Day these forecasts apparently started to materialize. The excellent situation existing at the end of the first quarter of 1945, when prostitution was at its lowest ebb—nearly half of communities surveyed showing GOOD conditions, and only 4 per cent showing BAD conditions—began to deteriorate. After V-J Day, the claims of the underworld seemed to be further confirmed, until by the end of the first quarter of 1946 BAD conditions had risen to 16 per cent of communities studied, and GOOD conditions were found in only 21 per cent. Though, as shown in Figure I, the GOOD record of the first three months of 1945 made the year's average less discouraging, and some improvement took place during 1946, these graphs show vividly how relaxation of vigilance, such as occurred in some towns and cities with the end of war, can vitally and quickly affect the environment of American homes and families.

Figure III

PROSTITUTION CONDITIONS IN 254 UNITED STATES COMMUNITIES

During the year 1946 the American Social Hygiene Association made 302 studies of commercialized prostitution conditions in 254 cities and towns of the United States. This graph shows the number of cities in each of the GOOD, FAIR, POOR and BAD categories described by percentages in Figure I. In summary, people in 167 of the cities studied lived under "satisfactory," that is, GOOD or FAIR—conditions with regard to prostitution, and those dwelling in 87 communities were handicapped by "unsatisfactory"—that is, POOR or BAD—conditions in this respect.

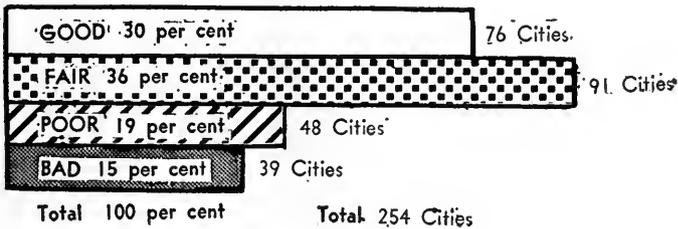
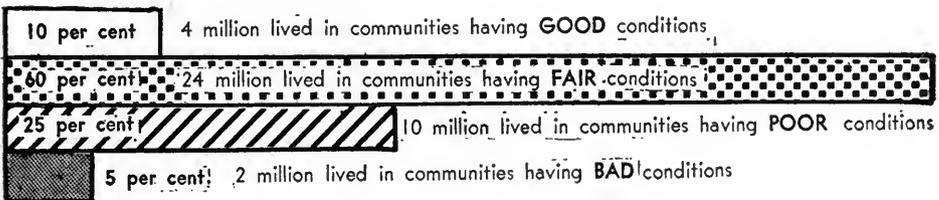


Figure IV

COMMERCIALIZED PROSTITUTION VS. FORTY MILLION AMERICANS

The 254 United States communities studied in 1946 had a combined population of forty million persons—almost a third of the nation's lives. The graph shows the proportion of people who lived under GOOD, FAIR, POOR and BAD community conditions as regards commercialized prostitution. Summarizing, 28 of the forty millions lived in communities having "satisfactory" conditions, and 12 million were exposed to the "unsatisfactory" environment which grows out of POOR and BAD community prostitution conditions.



PROSTITUTION CONDITIONS IN RELATION TO CITY-SIZE

Of the 254 cities studied in 1946, 167, or 66 per cent showed "satisfactory", that is GOOD or FAIR, conditions regarding commercialized prostitution. Eighty-seven, or 34 per cent, showed "unsatisfactory" conditions. The graphs analyze these conditions with relation to the size of the communities studied, as classified in five groups, ranging from small towns of 2,500 to 50,000 population up to the larger cities of 500,000 or more inhabitants.

Figure V

"SATISFACTORY" CONDITIONS IN LARGE AND SMALL COMMUNITIES

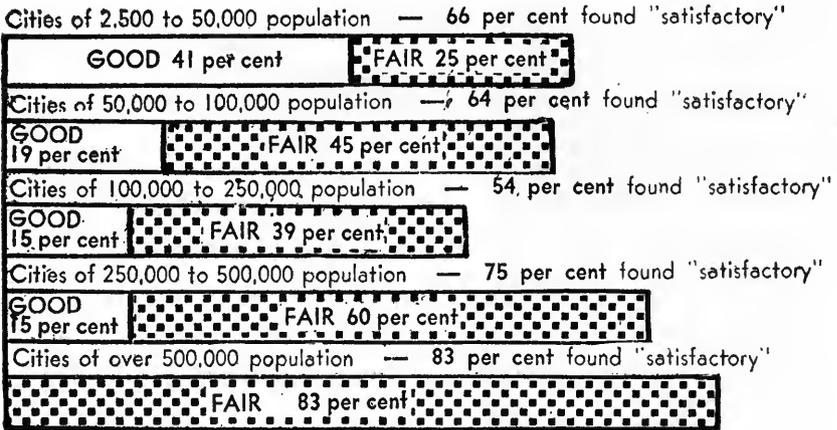
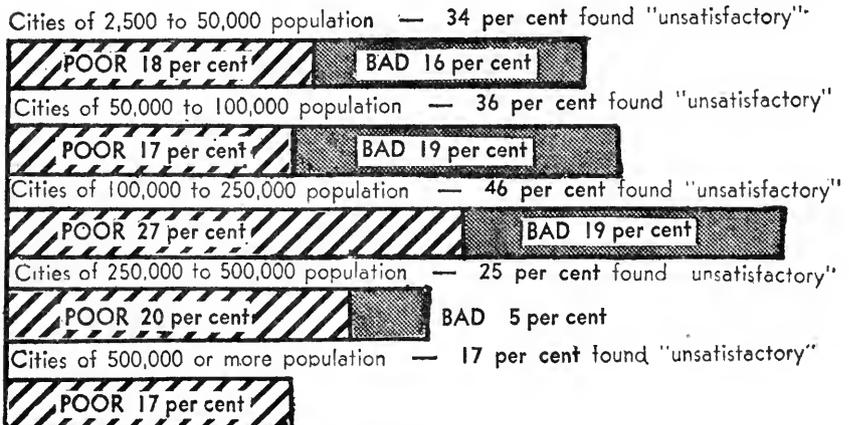


Figure VI

"UNSATISFACTORY" PROSTITUTION CONDITIONS IN LARGE AND SMALL COMMUNITIES



ARE WE HOLDING OUR OWN AGAINST PROSTITUTION? *

A POSTWAR REVIEW OF PROGRESS IN THE UNITED STATES

BASCOM JOHNSON

Senior Legal Consultant, American Social Hygiene Association

Most of you already know or have heard today that we achieved our lowest venereal disease rate in the armed forces of the United States during the recent war. But many of you may not know that during the same period in the United States the lowest incidence of prostitution was also achieved.

When I say "lowest incidence of prostitution", I mean that our communities had fewer tolerated red light districts, fewer brothels, with a smaller number of inmates, fewer streetwalkers, and fewer criminals who recruit prostitutes, promote prostitution and exploit prostitutes and their customers.

This claim is made with confidence, even though we have no universally accepted definition of prostitution, and no yardstick by which we can measure the rise and fall of prostitution has yet been devised comparable in accuracy to the yardstick by which the Army and Navy measure the incidence of venereal diseases among men in service.

Definitions and Measurements

It has been necessary, therefore, to make our own definition of prostitution and develop our own measuring devices. The definition adopted separates prostitution into two distinct types of activity.

The first comprises the criminal activities of traffickers, such as pimps, procurers, operators of brothels and other exploiters, and go-betweens. These persons, when they work together as they almost invariably do when prostitution is licensed, regulated or tolerated in a city, build the racket into big business which not only reaps millions of dollars for its backers, but often takes over or corrupts municipal governments and breeds crime of every sort. Following the first World War "Scarface" Al Capone was the boss of such a combine. Other notorious racketeers did likewise in other large cities during the 'twenties and early 'thirties.

The second comprises the anti-social, though hardly criminal, activities of individual prostitutes and their customers. These prostitutes are for the most part socially inadequate, tools of criminal exploiters, vulnerable victims of bad heredity or environment, and, in the last analysis, of their responses to the insistent male demand, which makes the market. The customer needs no definition.

* An address presented at the Social Hygiene Day Regional Conference, New York, February 5, 1947.

In measuring prostitution conditions factors taken into consideration are the size of the community, the extent of criminal and other aspects, and the accessibility of prostitutes. On the basis of these facts conditions are classified in any city as "Good," "Fair," "Poor," and "Bad."

Our confidence in claiming the lowest incidence of prostitution during the war is not based on hearsay, but on the fact that nearly every year since 1914, the American Social Hygiene Association has made surveys of prostitution conditions in a representative number of the country's communities. For example, in 1946 these conditions were studied in 254 cities, which had a combined population of 40 million. In previous years, especially just prior to and during the war a larger sampling was made.

These surveys have been made in accordance with a uniform plan, and have been continuously under the same direction during the thirty-three years.

Wartime Gains through Teamwork

The achievement of wartime reduction of venereal diseases and prostitution is your achievement, in the sense that it was only made possible by the best kind of teamwork, in which the support of public opinion was an indispensable factor. From the very beginning of the national defense effort it was recognized that only by such teamwork between all concerned could the drags on national efficiency be thrown off, as required for an all-out war effort. *The Eight Point Agreement for Control of Venereal Diseases* entered into in the fall of 1939 by War and Navy Departments, the Federal Security Agency and the State Health Departments called specifically for "the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support . . ."

The overwhelming approval given by public opinion to the measures proposed for reduction of venereal diseases and prostitution was met by a prompt and vigorous response from government agencies, from top to bottom.

Early in 1941, to implement *Item 6* of the *Eight Point Agreement*, which provided that the cooperating agencies "Decrease as far as possible the opportunities for contacts with infected persons . . ." the Social Protection Division of the Federal Government was established within the Community War Services of the Federal Security Agency to work with the state and local police and welfare officials in repressing prostitution, as one means towards this end.

In July, 1941, Congress passed and President Roosevelt approved "*The May Act*",* giving the Secretaries of War and Navy power to set up zones about military camps and naval stations within which prostitution was and still is a federal offense. While this power was

* Public Law 163, made permanent in 1946 as Public Law 381.

exercised only twice * by the Army and not at all by the Navy, its existence was a constant source of encouragement to the public, and when necessary served as a "big stick" in the hands of Generals and Admirals in discussing unsatisfactory local conditions and securing action by appropriate civilian officials. *Their recognized authority to invoke this Act frequently stimulated lasting remedial measures.*

In 1942, the U. S. Congress increased to \$12,500,000 the funds available for U. S. Public Health Service grants-in-aid to State Health Departments to control venereal diseases. This amount, equalled by state and local appropriations and supplemented by special funds for the establishment and operation of Rapid Treatment Centers, has been provided each year since then. Concurrently the state strengthened their laws and city ordinances against prostitution; and local officials succeeded in reducing prostitution to its lowest point.

The results of this provision of facilities and coordinated teamwork were soon apparent. By the end of the year 1944, the Social Protection Division reported that nearly 800 red-light districts which had opened or tried to open in the vicinity of army camps and naval bases and war industries, had been effectively put out of business. Studies made during that year by the American Social Hygiene Association showed satisfactory conditions with regard to prostitution in 82 per cent of the communities surveyed. (See *Figure I*).

This highly encouraging situation continued during the first three months of the year 1945. The graph in *Figure II* shows that only 4 per cent of communities studied at that time had "bad" conditions, and only 17 per cent had "poor" conditions, the remainder, 79 per cent, showing either "good" or "fair" conditions.

In these months, prostitution was at its lowest ebb since the campaign began.

Where Do We Stand Now?

When the war ended the great question with those of us directly concerned with nation-wide efforts to repress prostitution was whether, without the pressure of wartime emergency, these gains could be held. Immediately after V-E Day the prostitution thermometer started to climb. V-J Day was the signal for another upward shoot, as war restrictions on troops and populace eased and the inevitable reaction set in.

Today, nearly two years later, we can say that while some of the ground gained during the war has been lost, conditions are better than they were in 1940, and immeasurably better than they were a generation ago. Today, no such kingdoms of vice exist as were once built up by Capone in Chicago, Abe Rufe in San Francisco and others in various large and small communities. Those bad old days, when red light districts were regarded as valuable municipal assets and were run with all the ballyhoo and many of the features of a circus,

* In twenty-seven counties surrounding Camp Forrest in Tennessee on May 20, 1942, and in twelve counties in North Carolina, Fort Bragg area, on July 31, 1942.

are probably gone forever. Even the remnants of the prostitution underworld will testify to this.

The relaxation in public interest and effort which inevitably follows the tension and exertion in every war effort would have lost more of our wartime gains against prostitution except for the housing shortage, which deprived some underworld characters of quarters in which to carry on their prostitution businesses.

Housing Shortage both Helps and Hinders

The brothel operator today is faced with the same difficulties that we all face in finding new places in which to live and do business. He is also prevented, even in cases when the police are willing to look the other way, from reopening brothels which were closed during the war, because they have become legitimate dwelling places.

Another condition which may be surprising to many is that in a number of cities which have allowed brothels to reopen, there appears to be a dearth of inmates. Many operators of such places now complain that they "can't get girls". Just why they are not sure. They suspect some former prostitutes who worked in war plants have married or have learned the joys of independence and have no desire to return to the slavery of the brothel. Others, they declare, are "free lancing" and incidentally enjoying the benefits of unemployment insurance.

While the scarcity of houses and of experienced prostitutes would appear to be aiding us to hold some of our gains against prostitution made during the war, this advantage is offset to some extent by the damage which this same housing shortage is doing to the morals and welfare of many young people forced thereby to live with overcrowded families or groups under degrading conditions. While the extent to which these conditions influence young girls to enter prostitution cannot be exactly stated, we know that the histories of many prostitutes show such antecedents and that the sexual standards of both boys and girls are often seriously damaged by such experience. A recent article dealing with conditions in a large city dramatically describes how in block after block of a shabby tenement area there are crowded nearly four hundred thousand of its population, representing sixteen hundred individuals per acre compared with four hundred and thirty-three per acre elsewhere. In this area originates fifty-three per cent of juvenile delinquency in the county concerned.

The Shape of the Future

As postwar conditions approach normal and, in particular, as the housing shortage is relieved, how may we expect the prostitution problem to develop?

One thing is sure. If we follow a "do nothing" policy conditions will certainly deteriorate, as they did in the years following the first World War.

Some aspects of prostitution are a good deal like the tough and stubborn weeds that grow in every garden. If you let them alone they grow rapidly and rankly, choking out the flowers and other plants. It isn't enough to dig them up once or even twice. Eternal vigilance is necessary. Fortunately the open brothel, though an extremely ugly weed, is a tender one. To blast it, the mere breath of official disfavor is all that is necessary. The open brothel obviously cannot remain open, if the official policy of a city is to enforce the laws which exist in nearly every state, making the operation of such a place a criminal offense, and subjecting the owner and operator of the property to the civil process of injunction and the property itself to abatement as a public nuisance.

The future then like the past depends largely on the state of public opinion, which shapes and supports official policy. It is good to be able to say that there are a number of respects in which public opinion has changed for the better and is still changing on this subject, indicating that the "third party" criminal aspects of prostitution are definitely on the way out. They may not disappear entirely for decades to come, but it is believed that eventually they will constitute only a minor criminal problem. This change in public opinion practically circles the globe.

The Social Commission of the United Nations Economic and Social Council, now in session, is preparing to recommend that the U N take over the activities of the former League of Nations against international traffic in women and children and to broaden greatly this attack by including "all measures designed to prevent and repress prostitution". Prostitution, therefore, again will soon become an important international question and standards and methods for its reduction throughout the world will then be set up.

Recently, meeting in Mexico City, the International Association of Chiefs of Police passed a resolution pledging that organization to a broad program aimed at the repression of commercialized prostitution. Many police chiefs, especially in the larger cities, are showing that this can be done, though the stimulus of war emergency is gone.

In at least ten of the twelve largest cities in this country law enforcement against prostitution was found in recent surveys to be reasonably satisfactory. Conditions in the other two are not at the bottom of the scale. The significance of these figures is that public opinion and the leaders in the law enforcement field, represented by the police, prosecuting attorneys and courts of these largest cities, no longer question the desirability or possibility of reducing commercialized prostitution to a comparatively minor problem. Prostitution in these cities has been divorced from politics. Prostitution has also been recognized by both officials and businessmen in these cities as seriously handicapping community efficiency. In the words of Mayor DeLesseps S. Morrison of New Orleans, who recently cleaned up that city, as reported in the January 25th issue of the *Saturday Evening Post*:

“Gambling and prostitution mean pay-offs. And pay-offs mess up a city administration. They mess it up something awful. I’ve got things to do and I’m not going to have pay-offs clogging the works. It’s simply too much nuisance to administer a city full of all that illegal stuff.”

The City of Honolulu, Territory of Hawaii, is another example of a community crack-down on the “business” after years of open toleration, police regulation, and public indifference. In 1944, Honolulu closed down its prostitution district as a wartime measure for protection of military and civilian manpower, and though high incomes for the profiteers were involved, the community likes the results of repression so well that it means to keep on now that peace has come. Summing it up, a writer in the JOURNAL OF SOCIAL HYGIENE recently said “In Hawaii, regulation was tried, and failed. Repression was tried, and is working. VD has decreased, and so has crime generally.”*

Another community which testifies to general improvement under prostitution repression is Terre Haute, Indiana. Chief of Police Forrest Braden, writing to the Director of the Social Protection Division in 1945, says “With the closing of the vice district, the effect on crime was noticeable . . . Any experienced police official knows that ‘regulated vice’ is merely a smoke-screen hiding graft and crooked politics”.** This experience has been repeated in many other communities.

Reducing Demand Reduces Supply

The elimination or even the reduction of the supply of prostitutes and of the demand for their services present far more difficult and complicated problems than does the elimination of the third party profiteers above referred to.

Some girls enter prostitution, we are told, because of poverty, in order to escape from broken, unhappy, criminal, or congested homes, or because they believe it to be the “easiest way” to luxury and independence.

Bad health, physical deformity or mental abnormality has convinced others that they can earn a living in no other way. Bad environments, including bad companions make many other girls vulnerable to the blandishments of professional prostitute recruiters.

All of these sources of prostitute supply are minimized to some extent when the policy of toleration of prostitution in any city is changed to one of suppression. The recruiter of prostitutes no longer can openly exhibit his wares. He and his fellow profiteers cannot function freely because they are hunted criminals. The prospective prostitute sees that she can no longer look upon prostitution as an easy and profitable career. It seems certain, therefore, that many

* See February, 1946, Journal, *Fighting “Sin in Paradise”*, by Ferris F. Laune, and *The Honolulu Myth*, by Samuel D. Allison.

** See *Prostitution, Crime and Juvenile Delinquency, Does Prostitution Breed Crime?* ASHA Pub. No. A-626. (Free in quantity lots)

women formerly made vulnerable by heredity or environment to the temptations of the supposedly easy and glamorous life of a prostitute in a wide-open town, refrain from taking the plunge or withdraw into safer waters when the town is "closed". It should be said here that prevention and cure of the other and more fundamental causes of prostitute supply and the rehabilitation of prostitution victims constitute a vast, slow and very expensive job, little understood and hardly yet begun.

But the causes above outlined which produce the supply of prostitutes are secondary to the causes which produce the demand for prostitutes. Since the demand in this case appears to determine the supply, measures to reduce this demand are the more fundamental, and offer the greatest hope of effecting a permanent reduction in prostitution itself.

Preventive measures affecting demand, aside from the most important and fundamental one of making early marriages possible are:

1. Education of young men to the understanding that sex relations without love are degrading.
2. Elimination of brothels and of other market-places, where prostitutes are exhibited to the public by third parties, as a means of artificial stimulation of demand.
3. Prevention of indecent shows and of the sale of pornographic literature, as a further means of stimulation.
4. Separation by licensing authorities of the problems of prostitution and alcohol, by preventing employment of women for purposes of drinking or dancing with men customers on liquor licensed premises.
5. More opportunities for wholesome recreation.
6. Repressive legal measures against customers, as well as against prostitutes.

If, as we must admit, the male demand and ability to pay for prostitutes is the fundamental reason why prostitution continues to exist, it would appear logical to make every effort to deal with those who make the demand as well as those who supply it—that is, the customers as well as the prostitutes.

As a matter of fact this has been attempted. For example, the punishment of the male customer for promiscuous intercourse, with or without payment to his female partner, is now provided for in the laws of nineteen of the states in the United States. However, in practice the authorities generally choose not to enforce such a law against the man customer, because, it is claimed both parties cannot be convicted, and therefore the woman should be prosecuted because in most cases she is the more promiscuous and most likely to acquire and spread venereal diseases. The net result of such interpretation and enforcement of the law is that we abandon a promising measure to reduce prostitution in favor of a measure to reduce venereal diseases.

The use of the police to arrest, bring in, and turn over to health departments for venereal disease examination women who practice

prostitution or otherwise violate the morals laws, while ignoring their male partners, would appear to have three bad results:

1. It tends to perpetuate the double standard of morals.
2. It fixes more definitely in the public mind the idea that prostitution is only important as a spreader of venereal diseases.
3. It ignores many actual or potential male spreaders of the venereal diseases, particularly to innocent women and unborn children.

Summing Up

To summarize, it seems to me that we are justified in saying that although the line against prostitution is sagging in some places, and break-throughs are evident in others, the national situation is by no means discouraging at present. It seems likely that history will not repeat itself to the extent that occurred following World War I. Public opinion has changed for the better, and is still changing. Many lessons have been learned. We are better equipped than ever to do this job. We have the medical knowledge and skill. We have good laws. Adequate legislation must be backed up by constant and vigorous law enforcement, as this enables one body blow after another to the racket, cutting deeply into the profit, which is the sole object attracting alike exploiters and their victims. Law enforcement is bound to reduce the demand for prostitutes, also, as those who seek them usually prefer to avoid conflict with the police authorities. We must utilize every other means of reducing the demand. Our attack must be directed toward both divisions of the prostitution evil, as defined early in this statement: we can and probably will reduce the volume of prostitution considerably by law enforcement against third parties and prostitution as a business. We must, both in our short-range and long-range attack against the residue, concentrate on measures aimed at reducing the demand.

So let's use the best of our wisdom and experience for guiding and training our youth. Let's teach them how to benefit from the gains made over the years. And finally let's not forget how to work together. By shoulder-to-shoulder teamwork we can keep on reducing the venereal diseases as a national health menace, and smash the prostitution racket once and for all.

MILESTONES IN THE MARCH AGAINST PROSTITUTION

1886: *Contagious Diseases Act* is repealed in England. This meant the overthrow of state regulation in that country, and did much to influence the United States against licensing prostitution.

1899: *First International Conference for the Suppression of Traffic in Women* convenes in England. At this Conference it first became generally known as a fact that a national and international traffic in women existed.

“Greed of gain was its motive and the helplessness of the victims furnished the ground of exploitation. It was not a mere question of supply and demand, but one of a stimulated supply and demand. . . .”

1902: *First Official International Conference for Suppression of White-Slave Traffic* meets in Paris to draft treaty embodying measures for suppressing international traffic in women.

1904: *International agreement adopted by thirteen nations*—Belgium, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Norway, Portugal, Russia, Spain, Sweden and Switzerland—recognizing the imperative need to combat traffic in women and children.

1906: *Ratification of above treaty by United States Government.* Congress appoints the *National Immigration Committee.* Study of the question of importation of women for immoral purposes, leading to passage later of *Mann* and *Bennet* acts.

1910: *Second International Conference for Suppression of White-Slave Traffic* adopts convention requiring the nations represented to pass and enforce legislation to punish procuring minors under twenty-one for immoral purposes, even with their consent, and of adults by force or fraud.

United States Congress adopts *Mann Act* (prohibiting interstate and international traffic in women) and *Bennet Act* (penalizing those who import aliens for immoral purposes, and providing for deportation of aliens engaging in the business of prostitution).

Chicago Vice Commission makes exhaustive study of commercialized prostitution and reaches unanimous conclusion:

“Constant and persistent repression of prostitution the immediate method; absolute annihilation the ultimate ideal.”

Thirty other cities establish vice commissions and make similar studies, all arriving at practically the same conclusion.

1914: *National Vigilance Association* merges with the *American Federation for Sex Hygiene* to form the *American Social Hygiene Association.*

Promotion, with the Association's encouragement, of widespread enactment of laws against commercialized prostitution, including laws against "white slavery," injunction and abatement acts, laws for the establishment of reformatories for women, and such statutes as venereal disease reporting laws and laws against advertising of venereal disease remedies. The laws against traffic in women and girls aimed at prosecution of procurers and promoters of vice; injunction and abatement laws authorized suppression of disorderly houses as public nuisances. The enactment and enforcement in subsequent years of both types of laws in many states resulted in the closing of numerous houses of prostitution and "red light districts" marking the beginning of the end of these districts as an institution. Flexner's *Prostitution in Europe* and other Bureau of Social Hygiene studies were published.

1917: (1) *Draft Act* passed by Congress, including *Section 13* which prohibited prostitution in the vicinity of military or naval camps.

(2) *War and Navy Departments' Commissions on Training Camp Activities* are formed with programs of law enforcement, education and recreation, and cooperation in medical measures with the activities of the Surgeons General of the Army, Navy and Public Health Service.

(3) Pronouncement by the *American Medical Association* that "Sexual continence is compatible with health and is the best prevention of venereal infection."

(4) *United States Army and Navy* adopt policies recognizing sexual continence as a practical factor in venereal disease control.

These combined efforts strengthened the rising tide of determination throughout the country that all toleration and segregation of commercialized prostitution must go, and promoted an uncompromising warfare against prostitution. During 1917-18, upwards of 200 red light districts were closed, leaving hardly half a dozen by the close of the War.

1918: *Chamberlain-Kahn Act* passed by Congress, creating the *United States Interdepartmental Social Hygiene Board* and establishing the Division of Venereal Diseases as a part of the United States Public Health Service.

1919: The *Vice Repressive Law* is drafted and subsequently enacted wholly or in its more important parts by the legislatures of 19 states. This new law, with its definition of prostitution to include both the giving and receiving of the body in sexual intercourse for hire, and its penalization of the man customer as well as the prostitute, marked a long step upwards in legislation in this field.

1920: (1) *All-American Conference on Venereal Diseases*, held in Washington, with 450 delegates, representing every public and social interest and every section of the Americas, adopts standards in the whole field of venereal disease control, including legal and protective measures.

(2) *Incorporation of Article 23c* in the *League of Nations Covenant*, entrusting the *League* with general supervision over execution of agreements with regard to the international traffic in women and children.

1921: (1) *League of Nations Conference* in Geneva, all nations being invited and 34 attending. Recommendations submitted to *League* and eight incorporated in draft convention dated March 6, 1922.

(2) *Advisory Committee on Traffic in Women and Children* appointed by *League of Nations*, with central office at Geneva as recommended by the Conference.

1923–1927: (1) *Special Body of Experts on Traffic in Women and Children* appointed by the *League of Nations' Council*, as recommended by the new *Advisory Committee*, and instructed to make an "on-the-spot" investigation of the international traffic.

(2) Studies made for the *League* in 28 European and American countries during 1924–26 by a special corps of trained investigators.

(3) Special reports and recommendations. *Parts I and II* approved by the *League Council* and published.

1930–1933: (1) *Commission of Enquiry into Traffic in Women and Children in the Far East* appointed by *League Council* as an extension of earlier studies.

(2) Studies made in 15 or more countries in the Far East by the *Commission*.

(3) Report prepared, approved by the *League Council* and published.

1933: *American Social Hygiene Association* publishes 1927–33 report on prostitution conditions in the United States, indicating in many places throughout the country a backward trend not only in conditions, but in public thought and action concerning them; renews efforts to organize voluntary forces to check this trend and regain the status of a decade earlier.

1934: *Traffic in Women and Children Committee* of the *League of Nations* adopts resolutions recommending abolition of licensed or tolerated houses of prostitution in all countries. National and international use of this report and related data, to promote united action in combating the organized commercial aspects of prostitution.

1935: Progress reports and further studies by the *American Social Hygiene Association* show little change from 1933–34. . . . Connecticut passes the first state law requiring premarital examinations for syphilis, including an approved blood test of both the bride and bridegroom, and a certificate from the examining physician, as prerequisite to issuance of a marriage license.

1936: Dr. Thomas Parran is appointed as Surgeon General of the United States Public Health Service; writes article, *Why Don't We Stamp Out Syphilis?* for *Reader's Digest* with a circulation of over two million; calls *Conference on Venereal Disease Control Work* in Washington, with recognition of commercialized prostitution as an important factor in spreading infection.

1937: *National Social Hygiene Day*, sponsored by the American Social Hygiene Association to arouse public interest and cooperation in the government campaign against syphilis, is celebrated in 45 states, with over 100,000 people joining in meetings, radio programs, film showings and other observances. . . . Dr. Parran's book, *Shadow on the Land—Syphilis*, states: "It is my deep belief that an attack upon organized commercialized prostitution is one of the necessary factors in a coordinated campaign against syphilis." . . . *Premarital examination laws* are passed by Illinois, Michigan, New Hampshire, Oregon and Wisconsin.

1938: *LaFollette-Bulwinkle Act* is passed by Congress, providing the Public Health Service with funds for assistance to the states in venereal disease control programs. The initial appropriation for 1938-9 is three million dollars, more than equalled by state appropriations. . . . *National Social Hygiene Day* is celebrated by 3,000 communities. . . . New York, New Jersey, and Rhode Island enact the *first Baby Health laws* requiring physicians and midwives to include serological tests for syphilis as part of medical care of expectant mothers, as well as laws for premarital examinations.

1939: *Congress* appropriates five million dollars to continue *Federal assistance to the states* in campaigning against syphilis and gonorrhoea. The states meet this appropriation with upward of seven million dollars. . . . *National Social Hygiene Day* rolls up a total of 5,000 communities celebrating in every state plus Alaska, Cuba, Hawaii and Puerto Rico. . . . ASHA, in response to wide demand, makes talking film, *With These Weapons—the Story of Syphilis*. . . . Sulfa drugs found to cure gonorrhoea. . . . President Roosevelt declares a *limited national emergency*. . . . American Social Hygiene Association is asked to confer with Public Health Service and military authorities on commercialized prostitution as a source of infection of syphilis and gonorrhoea, and to aid states and communities in the vicinity of military camps in discovering prostitution conditions and establishing repressive measures. . . . *Premarital examination laws* are passed by California, Colorado, Indiana, North Carolina, North Dakota, Pennsylvania, South Dakota, Tennessee and West Virginia; *prenatal examination laws* are passed by all of these states except North Dakota, and Tennessee, and by Illinois, Iowa, Maine, Massachusetts, Oklahoma, Michigan and Washington.

1940: *American Social Hygiene Association* staff studies prostitution in 129 cities in 23 states and the District of Columbia, and in 46 areas near Army, Navy and industrial establishments, furnishing report of findings to military and health authorities as a basis for action. War and Navy Departments, Federal Security

Agency and State Health Departments adopt *Eight Point Agreement on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated*, in which assistance of the American Social Hygiene Association and state and local social hygiene groups is asked, and cooperation of the parties to the Agreement is pledged to local police authorities in repressing prostitution.

Congress appropriates \$6,200,000 for further *Federal assistance to the states* in venereal disease control. The states pledge an equal sum. . . . *National Social Hygiene Day* challenges American communities to attack commercialized prostitution. . . . Kentucky and Virginia pass laws requiring *premarital examinations*; these states and Louisiana pass *prenatal examination legislation*. . . . ASHA produces film on gonorrhoea, *Health Is a Victory*, and prepares and publishes *Digest of Venereal Disease Laws and Regulations in the United States*. . . . In New York, Committee on Intravenous Drip makes first report on *successful five-day treatment of syphilis*.

1941: *The Division of Social Protection* is created March 31 under the Office of Defense Health and Welfare. *Public Law No. 163, the May Act*, is passed by Congress and signed by President Roosevelt on July 11, "to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy." . . . *Interdepartmental Committee on Venereal Disease* is established with representatives of the Army, Navy, Federal Security Agency and American Social Hygiene Association.

American Social Hygiene Association makes prostitution studies in 291 cities in all states; produces and distributes one-reel sound film *In Defense of the Nation* which tells how prostitution hampers national defense. . . . *National Social Hygiene Day* drives the vice-versus-defense problem home to communities. . . . Congress appropriates \$8,750,000 for assistance to state and local venereal disease control. State appropriations also increase. . . . Iowa, Maine, Ohio, Utah and Vermont pass *laws requiring premarital examinations*; *prenatal examination legislation* is passed by Utah, Vermont, Connecticut, Missouri, Nevada, Oregon and Wyoming. . . . ASHA produces film *Plain Facts on Syphilis and Gonorrhoea*.

1942: President Roosevelt calls for "united effort for total physical and moral fitness." . . . Secretaries of War and Navy address *letters to state governors* explaining official stand of the two departments and the federal government generally on repression of prostitution as expressed in the *Eight Point Agreement*, and *Public Law No. 381*. War Department Order of May 20 invokes this law for the first time in 27 counties near army camps in rural Tennessee where local and state officials consider prostitution problems beyond their powers. . . . *National Social Hygiene Day* is widely observed with the slogan *Keep America Strong—Help Build Better Health Now!* . . . Federal Bureau of Investigation holds *quarterly police*

conference stressing enforcement of laws affecting prostitution in the vicinity of military areas. . . . American Bar Association appoints *Committee on Courts and Social Protection* to work with state and local bar associations, secures full cooperation with Army, Navy, Federal Security Agency, and FBI in controlling liquor, gambling, and vice in the vicinity of military camps, naval stations, and war industries. . . . *National Advisory Police Committee on Social Protection* is formed to aid in carrying out the government's social protection program and to develop new techniques of law enforcement in prostitution repression in the states and communities. . . . *National Sheriffs' Association* and *International Association of Police Chiefs* adopt resolutions condemning toleration of prostitution in the United States. . . . Reports on 680 studies made by the American Social Hygiene Association in 526 communities show improvement in prostitution conditions. . . . Social Protection Division reports "redlight districts" closed in many areas where attempts had been made to establish them. . . . Army and Navy report "the lowest VD rates in wartime history."

Congress, under the *VD Control Act of 1938*, appropriates \$12,500,000 for the fiscal year ending June 30, 1943. State appropriations also increase. . . . *VD Rapid Treatment Centers* are opened by United States Public Health Service with the aid of *Lanham Act* funds, and in cooperation with state health departments. . . . *American Medical Association* declares that ". . . medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security, and fails to prevent the spread of infection. . . ." Support of the campaign against prostitution is recorded by *General Federation of Women's Clubs*, *Federal Council of Churches of Christ in America*, and many other national voluntary organizations. . . . Three states—Kentucky, Mississippi and South Carolina—adopt *improved legislation against prostitution*. . . . American Social Hygiene Association prepares and publishes *Digest of Laws Dealing with Prostitution and Other Sex Offenses*.

1943: *Relationships in Venereal Disease Control*, a statement describing working relations between the parties to the Eight Point Agreement of 1940 is issued. . . . Public Health Service expands *Rapid Treatment Center program* with more than 30 centers in operation, including social treatment for redirection of young, promiscuous girls. . . . Penicillin is found to cure gonorrhoea, and *successful treatment by penicillin of four early cases of syphilis* is announced by Dr. John F. Mahoney of United States Public Health Service Venereal Disease Research Laboratory. . . . Congress, under the *VD Control Act of 1938*, appropriates \$12,500,000 for fiscal year ending June 30, 1944. . . . States and localities appropriate \$7,457,100 for VD control. . . . American Social Hygiene Association makes 697 studies of prostitution conditions in 580 communities. Great improvement is noted since January 1, 1942. . . . Social Protection Division reports further progress by state and community officials in law enforcement against prostitution.

National Social Hygiene Day centers around the theme *Take Your Battle Stations*. . . . Seven states—Arkansas, Florida, Georgia, Oklahoma, Tennessee, Texas, and West Virginia—adopt *new laws dealing with prostitution*. . . . Idaho, Massachusetts, Mississippi, Nebraska and Wyoming pass laws requiring premarital examinations; Idaho, Nebraska, Georgia and Kansas pass prenatal examination legislation.

1944: Army and Navy set up *joint Army-Navy Disciplinary Control Boards* in naval districts and army service commands, to cooperate on problems of morale, welfare, and discipline in the armed forces. . . . *National Women's Advisory Committee on Social Protection* is established to aid the Social Protection Division in securing cooperation of women's groups against prostitution and promiscuity. . . . *National Venereal Disease Committee* set up to advise Federal Security Administrator and "to plan new programs in the fight against venereal diseases and their spread"; includes representatives from medicine, nursing, public health, press, education and church groups, as well as Army, Navy, Federal Security Agency, and ASHA. . . . Congress appropriates \$12,500,000 for the fiscal year ending June 30, 1945, for VD Control; States appropriate \$9,300,275. . . . Fifty *Rapid Treatment Centers* are in operation. . . . *Federal Public Health Service Act* approved July 1, 1944, consolidates and revises various laws relating to venereal disease control and the United States Public Health Service. . . . ASHA makes 659 studies of commercialized prostitution in 515 communities; showing prostitution to have reached its lowest ebb . . . bad conditions being found in only four per cent of communities surveyed, as against 33 per cent in 1940. . . . *National Social Hygiene Day* stresses *VD Delays Victory*. . . . *Caribbean Conference* is held at Puerto Rico under sponsorships of ASHA, and Regional Units of Army, Navy, Public Health Service, and Social Protection Division, the Puerto Rico Social Protection Committee and 58 Insular and community agencies. . . . ASHA publishes *Conference Proceedings*.

1945: *Calling All Communities* is theme for *National Social Hygiene Day*. . . . *American Medical Association* reaffirms its stand against medical inspection of prostitutes. . . . *Public Law No. 381*, the May Act, due to expire May 15, is extended for a year, as a war measure. . . . Social Protection Division reports nearly 800 redlight districts closed, but ASHA, making 532 studies in 388 communities, finds upward trend in unsatisfactory conditions immediately following V-E and V-J days. . . . Congress appropriates \$12,339,000 for VD control for fiscal year ending June 30, 1946; states and local appropriate \$11,736,582. . . . Florida enacts *premarital and prenatal examination* legislation. . . . Ohio, West Virginia, Montana, and Arizona pass *prenatal examination laws*. . . . The United Nations Conference in San Francisco makes provision, at ASHA request, in Constitution for *international social hygiene activities*. . . . ASHA Committee on Inter-American Cooperation increases contacts and collaboration with other American Republics.

1946: *Eight Point Agreement* of 1940 is revised to meet postwar conditions threatening health and welfare of U. S. armed services. . . . *Public Law No. 381*, the May Act, an emergency measure, is made permanent law by the 79th Congress. . . . No provision is made however for continuation of the Social Protection Division, needed to aid states and communities in implementing the law. . . . The theme for National Social Hygiene Day is *Beyond Victory: Build Better Health, Better Homes, Better Communities; Prevent Venereal Diseases, Promiscuity, Prostitution*. . . . Congress appropriates \$16,000,000 for fiscal year ending June 30, 1947, for VD control; state and local appropriations are \$11,330,194. . . . ASHA makes 302 prostitution surveys in 254 cities; finds upward trend in unsatisfactory conditions during year's first quarter, which leveled off during remaining months. . . . France passes law closing houses of prostitution. . . . *International Abolitionist Federation* reestablishes contacts and plans 1947 meeting in Geneva. . . . *International Association of Chiefs of Police* in Mexico City Conference passes resolution favoring "the adoption by national, state and local governments of a broad and comprehensive policy of social protection, including the suppression of commercialized prostitution and promiscuity." . . . ASHA Committee on International Relations and Activities establishes *Liaison Office for International Social Hygiene Agencies and Activities*, and makes staff and facilities available for a *Regional Office for the Americas* of the *International Union Against the Venereal Diseases*, at the Union's request, following reorganization of the latter at a meeting of the Executive Council in Paris. . . . Liaison is established with International Health Conference, the Interim Commission of the World Health Organization, UNESCO and with various commissions of the United Nations, Economic and Social Council and the United Nations Secretariat at Lake Success, New York. . . . ASHA's Legal Staff, at the request of the United Nations *Temporary Social Commission*, furnishes recommendations to aid UN in assuming responsibility for League of Nations program regarding international traffic in women and girls. . . .

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Social Hygiene Day A Nation-wide Success.—From coast to coast reports pour into the national headquarters of the American Social Hygiene Association of another highly successful Social Hygiene Day, as it was observed on February 5, 1947. Special recognition by governors and mayors in issuing official proclamations designating February 5 as Social Hygiene Day enhanced the prestige of the day and stimulated public interest, as did publicity accorded the day and its objectives in newspapers throughout the country and on the radio. A report on this nation-wide observance will be published in later issues of the JOURNAL, as well as a report of the ASHA Annual Business Meeting and papers given at the Regional Conference in New York and meetings elsewhere.

Bailey B. Burritt Is Named Executive Director National Health Council.—Philip R. Mather, President of the National Health Council, announced on January 30 the appointment of Bailey B. Burritt, long a leader in the health and family welfare fields of activity, as Executive Director. Mr. Burritt has begun his new duties with offices at 1790 Broadway, New York, and will launch a program for more extensive leadership and joint activities of the Council's national voluntary health agencies. An appropriation of \$78,500 by the Rockefeller Foundation has made possible the expansion of the Council's national health program.

Mr. Burritt, who is an ASHA Board member and Chairman of the Executive Committee, has been instrumental in bringing health services within reach of thousands of New York families. He was from 1914 to 1939 general director of the New York Association for Improving the Condition of the Poor, and from 1939 to 1944 senior executive director of the Community Service Society of New York. Retiring in 1944, Mr. Burritt has continued many important activities in behalf of health organizations. He was president of Neighborhood Health Development, Inc., for more than a decade. He is now president of the New York Tuberculosis and Health Association; member of the Board of Directors of the Community Service Society, the Judson Health Center, and the National Tuberculosis Association; and member of the Health Advisory Council of the United States Chamber of Commerce.

Besides working as a unifying and coordinating agency among national health organizations, the National Health Council cooperates with state and local groups in their efforts to improve health services. One of the aims of the expanded program is to make a qualified field service available to states and cities where the problem of coordina-

tion among voluntary health agencies is urgent. It is also planned to expand health education services available to member agencies of the Council.

National Negro Health Week March 30–April 6.—*Community-wide Cooperation for Better Health and Sanitation* is the objective of the thirty-third observance of National Negro Health Week, which emphasizes the importance of working together for better health in a better community. Special features planned by the National Negro Health Week Committee of the Federal Security Agency, USPHS, include Health Week radio broadcasts and the Health Week sermon. This year the annual sermon was written by F. Rivers Barnwell, A.B., S.T.B., D.D., of Fort Worth, Texas, a member of the Committee.

Broad community organization plans are outlined by the Committee and it has set up the following Day by Day Health Week Schedule:

<i>Mobilization Day</i> , Sunday March 30	<i>School Health and Safety Day</i> , Friday, April 4
<i>Home Health Day</i> , Monday, March 31	<i>General Clean-up Day</i> , Saturday, April 5
<i>Community Sanitation Day</i> , Tuesday, April 1	<i>Report and Follow-up Day</i> , Sunday, April 6.
<i>Special Campaign Day</i> , Wednesday, April 2	
<i>Adults' Health Day</i> , Thursday, April 3	

There is also being sponsored a Health Week Poster Contest for elementary and secondary schools. Any school desiring to enter the poster contest must make formal application to the National Negro Health Week Committee, U.S.P.H.S., Washington 25, D. C., not later than the beginning of Health Week observance, March 30, 1947. All poster subjects must be received by the Committee not later than June 15, 1947.

War Department Sponsors First "Army Week" April 6–12.—National and Local activities are being arranged by the War Department for the first Army Week, to aid in developing public support and understanding of Army peacetime assignments, and to direct attention to the total pattern of national security, including new plans for the participation of National Guard, Organized Reserve Corps and Reserve Officers' Training Corps. The theme will be *A Strong America is a Peaceful America*. As has been the case since 1928, when it was started on April 6, the anniversary of this country's entry into World War I, Army Day this year is sponsored by the Military Order of the World Wars. However, as the date falls on Easter Sunday, the celebration will be observed on Monday, April 7.

U. S. Public Health Service District Directors and VD Control Consultants Named.—Dr. John R. Heller, Jr., Chief, VD Division, USPHS, announces the following present list of VD Division headquarters staff, District Directors and VD Control Consultants:

**Venereal Disease Division: Headquarters Staff, Washington, D. C.
Bethesda Station**

Medical Director John R. Heller, Jr., *Chief of the Division.*
 Senior Surgeon Eugene A. Gillis, *Assistant Chief of the Division.*
 Surgeon Max R. Kiesselbach.
 Nurse Officer Hazel Shortal.
 Lida J. Usilton, *Chief, Research and Control Aids Section.*
 Judson Hardy, *Chief, Scientific Information Section.*
 Eleanor N. Walker, *Fiscal Officer.*

Public Health Service District Directors and District VD Control Consultants

- District No. 1** (Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont):
 Sub-Treasury Building, 15 Pine Street, New York 5, N. Y. *Director:* Medical Director E. R. Coffey; *VD Control Consultant:* Surgeon Erwin C. Drescher.
- District No. 2** (District of Columbia, Maryland, North Carolina, West Virginia, Virginia, South Carolina):
 State-Planters Building, Richmond 19, Virginia: *Director:* Medical Director Winfield K. Sharp, Jr., *VD Control Consultant:* Surgeon Robert L. Zobel.
- District No. 3** (Illinois, Indiana, Kentucky, Michigan, Ohio, Wisconsin):
 Room 855, U. S. Customhouse, 610 South Canal Street, Chicago 7, Illinois.
Director: Medical Director F. V. Meriwether; *VD Control Consultant:* Surgeon James K. Shafer.
- District No. 4** (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Tennessee):
 707 Pere Marquette Building, New Orleans 12, Louisiana. *Director:* Medical Director C. C. Applewhite. *VD Control Consultant:* Surgeon John A. Lewis, Jr.
- District No. 5** (Arizona, California, Nevada, Oregon, Washington, Territory of Alaska, Territory of Hawaii):
 1407 U. S. Appraisers Building, San Francisco 11, California. *Director:* Medical Director Walter T. Harrison. *VD Control Consultant:* Surgeon Will H. Aufranc.
- District No. 6** (Puerto Rico, Virgin Islands):
 San Juan, Puerto Rico. *Director:* Medical Director A. J. Aselmeyer.
- District No. 7** (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota):
 417 East 13th Street, Kansas City 6, Missouri: *Director:* Medical Director Estella Ford Warner. *VD Control Consultant:* Surgeon Arthur B. Price.
- District No. 8** (Colorado, Idaho, Montana, Utah, Wyoming):
 615 Colorado Building, Denver 2, Colorado. *Director:* Medical Director Fred T. Foard.
- District No. 9** (New Mexico, Oklahoma, Texas):
 Room 513, 1114 Commerce, Dallas 2, Texas. *Director:* Medical Director K. E. Miller. *VD Control Consultant:* Surgeon Edwin N. Hesbacher.

Dr. Vonderlehr Returns to Mainland.—The many friends of Dr. R. A. Vonderlehr, Chief of the USPHS Venereal Division from 1935 to 1943, and from then until January, 1947, Director of District No. 6, Puerto Rico and the Virgin Islands, will hail his return to the mainland. Dr. Vonderlehr is assigned to the USPHS Communicable Diseases Center in Atlanta, Georgia, where he and Mrs. Vonderlehr and their daughter, Marty, have acquired a house which, like previous

Vonderlehr establishments, has the latchstring out for all friends coming that way.

United States Public Health Services Makes Two New Appointments at Headquarters.—The office of Surgeon General Thomas Parran has announced that Assistant Surgeon General H. E. Hilleboe, formerly Assistant Chief, Division of Commissioned Officers, has been appointed Associate Chief, Bureau of State Services, following the retirement from that post of Dr. L. R. Thompson on November 1st. Succeeding Dr. Hilleboe as Assistant Chief, Division of Commissioned Officers is Dr. J. O. Dean.

The National Women's Christian Temperance Union Stresses Social Hygiene.—As has been its custom for some years past the WCTU's *Union Signal* makes Social Hygiene its theme in the issue of January 18, 1947. The cover of this issue headlines *Prevention is the Watchword* with a message by Dr. Ray Lyman Wilbur, ASHA President, and much of the material provided by the American Social Hygiene Association in its Social Hygiene Day Kits has been used on inside pages, in addition to other articles and editorials, many of which tie in prostitution and the spread of VD with alcoholism.

Charles P. Taft Elected President Federal Council of Churches.—The first layman ever to be so honored, Charles P. Taft, Cincinnati lawyer and son of the late President, William H. Taft, and a prominent, civic leader, was elected 14th President of the Federal Council of Churches of Christ in America at the Council's Biennial Meeting in Seattle, Washington, December 3-6, 1946. The election of Mr. Taft is seen as having special significance because it is the first time the Federal Council has chosen a president from the ranks of laymen instead of from among the professional religious leadership. This is interpreted as a desire to magnify further the rule of laymen in directing the program of the Council.

Mr. Taft is a member of the National Council of the Protestant Episcopal Church, and is chairman of the Friends of the World Council which worked throughout the war toward the establishment of the World Council of Churches. During the war he had two important government positions, first as Director of the United States Community War Services in the Federal Security Agency, and secondly, as Director of the Office of Wartime Economic Affairs in the Department of State. Mr. Taft has long been identified with civic activities, and served as chairman of the National Committee for Community Mobilization for Human Needs in 1937-39. He has also been interested and active in the field of social work and served for a year as first President of the National Social Welfare Assembly.

Church Women Meet in Biennial Assembly.—The United Council of Church Women, which represents church women of seventy-two denominations, held its third biennial assembly at Grand Rapids, Michigan, November 11-15. Eighteen nations were represented at

the assembly including China, South India, the Philippines, England, India, Japan, and the Netherlands. Resolutions adopted ranged from a plea to halt the manufacture of atomic bombs, recognition of alcoholism as a disease in need of treatment and sympathetic community concern, to proposals intended to strengthen family life through "community action in such areas as premarital counseling, remedial care for broken families, housing conditions, and economic opportunity". Election of officers resulted as follows:

Mrs. Harper Sibley, Rochester, New York, was reelected president of the Council and Mrs. David D. Jones, Greensboro, North Carolina; Mrs. Charles Gilkey, Chicago, Illinois; Mrs. M. M. Dozier, Pasadena, California, and Mrs. A. H. Sterne, Atlanta, Georgia, were named vice-presidents. Mrs. Virgil Sly, Indianapolis, Indiana, and Miss Gertrude Vint, New York City, were elected recording secretary and treasurer.

Science Teachers Meet in Boston.—The second annual convention of the National Science Teachers Association, of which Morris Meister is president, was held in Boston, Massachusetts, December 27-31. The program included meetings of the Cooperative Committee on Science Teaching of the American Association for the Advancement of Science, a junior scientists assembly, and a presentation of science projects by New England pupils. Papers read at the meetings included *Science Counseling in Secondary Schools*, R. W. Lefler; *Certification of Science Teachers*, K. Lark-Horovitz; *The Crisis in Science Teaching*, R. Schorling; and *Activities of the National Science Teachers Association*, Morris Meister. Also included in the convention program was a Forum of *Problems of Science Teaching* and an exhibit of teaching materials from industry.

National Conference on Family Relations Considering Change of Name.—In order to indicate more adequately the nature of its activities and to avoid confusion with the national conference to be held at the White House, the Executive Committee of the National Conference on Family Relations recommended and approved, at its January 11, 1947 meeting, changing the name of the organization to *The National Council on Family Relations*, and submitted it to the membership for the necessary three-fourths vote to effect the change. The White House Conference on Family Life, referred to in the recommendation, is tentatively scheduled to be held in the Spring of 1948. The next national meeting of the Family Relations organization is now being planned for the Fall of 1947. Further details may be had by writing the Executive Secretary, Mrs. Evelyn M. Duvall, The National Conference on Family Relations, 1126 East 59th Street, Chicago 37, Illinois.

Current Events and Dates Ahead

March 7-April 24 New York	New York Academy of Medicine Centennial Celebration
March 21 New York	National Health Council Annual Meeting

- March 30-April 6** National Negro Health Week
March 31-April 4 Department of Higher Education NEA
 Chicago
 Illinois
April 6-12 Army Week
April 7-11 Association for Childhood Education Study Conference
 Oklahoma City
 Oklahoma
April 13-19 National Conference of Social Work
 San Francisco
 California
April 14-19 Biennial Convention, American Association of University
 Dallas Women
 Texas
April 14-20 Boys' Club Week
April 20-26 Public Health Nursing Week
April 21-26 American Association for Health, Physical Education and
 Seattle Recreation
 Washington
April 26-May 3 National Boys and Girls Week
April 27 American Association of Industrial Nurses
 Buffalo
 New York
April 28-30 National Sheriffs Association Convention
 New Orleans
 Louisiana
May 2-5 Institute for Education by Radio
 Columbus
 Ohio
May 4-8 National Convention of Boys Clubs of America
 Chicago
 Illinois
May 5-6 National Social Welfare Assembly Spring Meeting
 New York
May 7-10 Third National Conference on Health in Colleges
 New York City
May 10-12 Annual Meeting of the National Jewish Welfare Board
 Pittsburgh
 Pennsylvania
June 9-13 Centennial Session American Medical Association
 Atlantic City
 New Jersey
October 6-10 75th Annual Meeting American Public Health Association
 Atlantic City
 New Jersey

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Community Service
American Social Hygiene Association*

District of Columbia Society Reviews Objectives and Describes Services.—Ray H. Everett, Executive Secretary of the Social Hygiene Society of the District of Columbia, recently issued a new edition of a useful little folder *Social Hygiene—What It is and What It Does*, setting forth the aims and activities of the Society as follows:

Among the Important Aims of Social Hygiene Are:

- (1) disease prevention;
- (2) skilled care for those who become infected despite preventive efforts;
- (3) accurate, wholesome and intelligent education for marriage and parenthood;
- (4) giving youth a full measure of protection against dangers to health and character;
- (5) safeguarding society against the most vicious type of exploitation.

How Are These Aims Achieved?

The Social Hygiene Society of the District of Columbia is the recognized voluntary, non-sectarian, community agency for the advancement of social hygiene principles. It works for:

- (1) public information regarding the hazards of venereal infections;
- (2) the promotion of early diagnosis and adequate treatment of syphilis and gonorrhoea through the medical profession. (The Society does not provide medical, surgical or laboratory services);
- (3) help toward better marriage and homemaking;
- (4) protective measures, particularly the prevention of commercial prostitution;
- (5) the promotion and support of needed legislation and appropriations.

What Services Does the Society Provide?

Through its staff and its committees made up of representative physicians, educators, social workers, lawyers, and religious leaders the Society provides:

- (1) a marriage counseling service;
- (2) a consultation with experts on all social hygiene problems;
- (3) a complete service of general venereal disease information;
- (4) lectures for all groups—young or old;
- (5) trained leadership for study classes and discussion groups;
- (6) pamphlets and motion pictures on health, education and legislation;
- (7) lending and reference library services;
- (8) surveys to secure facts for use in bettering community facilities and conditions.

The Society's services are available without charge to any agency or individual in the District of Columbia. It cooperates with the District Departments of Health, Public Welfare, Police and Education, and with the Medical Societies, universities, schools, churches, parent-teacher association, industries, and many other groups interested in social progress.

Officers for 1947 are: President, William P. Herbst, M.D.; First Vice-President, Rhoda J. Milliken; Second Vice-President, Albert W. Atwood; Secretary, Fay L. Bentley; Treasurer, George W. Creswell, M.D.; Executive Secretary, Ray H. Everett, LL.B.

Illinois: New State VD Officer.—Dr. Charles H. Miller, Jr., has recently become assistant chief, Division of Communicable Disease, in charge of venereal disease control for the Illinois State Department of Health, according to an announcement in *Public Health Reports*.

Massachusetts Society Honors Dr. McGillicuddy.—The title and position of honorary member of the Board of Directors was conferred, by unanimous action of the Executive Committee of the Massachusetts Society for Social Hygiene at its December meeting, on Dr. Helen I. D. McGillicuddy on the occasion of her retirement as a member of the staff, it is reported in the December issue of the Society's *Bulletin*. Since World War I, Dr. McGillicuddy has been identified with social hygiene activity and since 1928, when the Massachusetts Society was reorganized, she has been its educational secretary and thousands of Massachusetts citizens have heard her lecture on various phases of social hygiene education.

"The Doctor," as she is often affectionately called, graduated from the Women's Medical College of Pennsylvania and was a special student at the Harvard School of Public Health. During and after World War I, she served on the U. S. Interdepartmental Social Hygiene Board and was later loaned to the Division of Venereal Diseases of the New Hampshire State Department of Health for nearly two years. During the first years of her work in Massachusetts she served with the Massachusetts State Department of Public Health as well as with the Social Hygiene Society. The *Bulletin* says:

"This change of status from active service on the Society's staff to honorary membership in the directive body of the Society means that we can count as always on the Doctor's wholehearted support of the Society objectives. In the tradition of all real pioneers, Dr. McGillicuddy will, as she has expressed it, continue to give any service which the welfare of the people may demand of her. The Society is honored and her many friends will be gratified by this assurance of her enduring association with our aims and operation."

The ASHA officers and staff heartily concur.

Missouri Social Hygiene Association Holds Annual Meeting.—The Annual Meeting of the Missouri Social Hygiene Association, held in St. Louis on January 13, was highlighted by a talk by Dr. E. Gurney Clark on *The Doctor and the Citizen Join Forces for VD Control*. Among the accomplishments of the year, outlined in the Association's Annual Report, was the completion of the house-to-

house visiting in the Negro neighborhoods. From September, 1944, to January 1, 1947, 169,688 house-to-house visits were made, 704,213 pieces of literature distributed, 854 talks given, 255 film showings (in cooperation with the City Health Department) given, with an attendance of 44,517 persons and the work of the project enlisted the help of 872 volunteer workers.

Plans were completed for a course on *The Parent and Sex Education* sponsored by the St. Louis Congress of Parent-Teacher Association, and Missouri Social Hygiene Association, to be given in 1947, with the first meeting scheduled for February 11. This is being set up as a four or five-period course—not as disconnected lectures, and is open to all parents who wish to attend. The Missouri Association achieved a signal victory in 1946 in having provision made for placing a medical social worker in the St. Louis VD Clinic. This was arranged through a request of the Health Commissioner to the Board of Estimate and Apportionment, which provided in its budget of last April for two medical social workers.

Added to the lively group of news sheets issued by local and state social hygiene societies is the Missouri Association's *Bulletin*, an important new feature of its educational program. The first issue, January, 1947, dedicated to National Social Hygiene Day, contained a review of progress in St. Louis and a full report of the annual meeting. The Association also has issued a new six-page educational folder *Listen . . . St. Louis—It's V-icious D-eadly*, attractively laid out and printed in black and red to give emphasis to dramatic facts about VD.

New York: Dr. Baehr Re-elected President Academy of Medicine.—At the annual meeting of the New York Academy of Medicine on December 5, Dr. George Baehr was re-elected president for a two-year term. A number of New York newspapers took occasion to pay high tributes to his service in this capacity. Dr. Baehr is a valued member of the ASHA Board of Directors.

The Academy will celebrate its hundredth year in March.

New York City: Dr. Goldberg Warns Parents of Juvenile Delinquency.—Speaking before representatives of social service organizations on January 18, Dr. Jacob A. Goldberg, Secretary of the Social Hygiene Division of the New York Tuberculosis and Health Association, in a discussion with Thomas E. Connolly, Special Field Consultant to the New York State Committee on Tuberculosis and Public Health, warned the nation that parents must stop depending on schools and the Army and Navy to bring up their children properly, unless the national level of morals is to slump. Dr. Goldberg predicted that the present crop of adolescents, confused and upset by the conduct of their parents, will make their juvenile delinquent deeds of today their habitual activities of tomorrow when they become parents. "Parents must keep their responsibilities and must not try to shed them. They cannot depend on the schools and high

schools to do the job for them, nor even the United States Army and Navy," he said. "A home strong on character and morality is the best teacher and protector of youth of today."

North Carolina Social Hygiene Society Launches Program.—Chartered under state law and with membership being built up as organization plans unfold, the North Carolina Social Hygiene Society has launched a state-wide program against the venereal diseases. The Society declares three lines of defence against VD:

The moral line—venereal diseases do not flourish where high standards of sexual morality prevail.

The educational line—knowledge of the facts about venereal diseases reduces the number of exposures and infections.

The medical line—prompt treatment by reputable physicians or health clinics shortens the course of the diseases and prevents serious end-results.

The program directed toward these objectives and endorsed by Dr. Carl V. Reynolds, State Health Officer, and numerous voluntary organizations, is rapidly going forward.

To spearhead its informational program the Society published in December the first issue of an unusually attractive, 32-page magazine *Better Health*. Contents led off with a photograph and message from Surgeon General Parran, and included articles and items on various phases of social hygiene and general health. Membership in the Society, including a subscription to the magazine, is one dollar yearly, and single copies of *Better Health* are twenty cents.

Incorporators of the Society, which is an affiliate of the American Social Hygiene Association, are: J. Melville Broughton, former Governor of the State, Raleigh; Charles A. Cannon, manufacturer, Concord; Dr. William M. Coppridge, President of the North Carolina Medical Society, Durham; Mrs. Karl Bishopric, President of the Federation of Women's Clubs, Leaksville-Spray; Straton Coyner, Secretary of the Smith Reynolds Foundation, Winston-Salem; Earl N. Phillips, businessman and mayor, High Point; and Capus Waynick, organization director, Raleigh. Headquarters are at North Dawson Street, Raleigh, North Carolina.

The opportunity before the new society for service is set forth in an article by Mr. Waynick, *Venereal Disease Infections Set New High Record in State Report*, in which he says records for the first nine months of 1946 reveal more new cases of syphilis and gonorrhoea than in any similar period in the state's history. There were 3,444 cases of primary and secondary infections of syphilis coming under treatment and a total of 12,542 new cases of gonorrhoea. Mr. Waynick suggests the new high record of infection is not proof of failure of medical control efforts but rather does prove that increased sexual promiscuity following the war has brought a new crisis in the control movement. His opinion is that the prompt discovery of new infections in itself represents progress towards control. "The very fact," Mr. Waynick's article states, "that the number of new cases reported has risen is an evidence that efforts at control are succeeding in arousing victims of infection to the need of prompt diagnosis and treatment. That is a triumph in itself. On the other hand, the new flare-up following demobilization indicates quite clearly that North Carolina has a hard fight and a long one ahead before these dangerous afflictions can be described as really under control."

Ohio: Family Life Course at University of Cincinnati.—Among the courses offered for teachers and administrators by Teachers College of the University of Cincinnati, in its second semester—February-June 1947— program is a course on *Education for Family Life*. This is being given again by Roy E. Dickerson, Executive Secretary of the Cincinnati Social Hygiene Society, and embodies the nature, content, methods, and principles of education for successful marriage and family life, with special reference to the significance and role of sex in human life; practical problems of emotional maturity, choice of a mate, courtship, engagement, marital adjustments, parenthood, and the meaning of marriage in contemporary society.

Ohio: Cleveland Health Museum National Advisory Council Meets.—The Cleveland Health Museum, which celebrated the tenth anniversary of its incorporation on December 28, was the meeting place for its National Advisory Council's Sixth Annual Meeting on November 12. Forty-one friends, members and guests breakfasted together in the Museum's Lecture Hall prior to the meeting which was held jointly with the Board of Trustees. Dr. W. W. Peter, outgoing chairman opened the business meeting which included a talk by Dr. Lester Taylor, Museum President, and an address by Dr. Bruno Gebhard, Director of the Museum. Miss Mary P. Connolly, Director of Health Education of the Detroit Department of Health for twenty-five years and now lecturer and director of Health Education at the School of Public Health, Ann Arbor, and winner of the Elisabeth Severance Prentiss National Award in Health Education, was presented to the Council, of which she is now a member. Ira V. Hiscock, Dr.Sc., Yale School of Public Health, accepted the new chairmanship of the Council.

Oklahoma: New State Director of VD Control.—Dr. Grady Mathews, Oklahoma's State Health Officer, has recently announced the assignment by the USPHS of Dr. A. B. Colyar, as Director of the State Health Department's Division of VD Control.

Pennsylvania: District Conference Medical Social Workers Hear Dr. Clarke.—A meeting of the American Association of Medical Social Workers, Eastern Central District, and the Health Division of the Federation of Social Agencies, was held in Pittsburgh on January 17 with *Community Planning for Health Service* as the general theme. Dr. Walter C. Clarke, Executive Director, American Social Hygiene Association, took part in the morning session, describing the national program. Other speakers were:

Miss Eleanor Cokerill, Chairman of the Eastern Central District, A.A.M.S.W.; Mr. Bleecker Marquette, Executive Secretary, The Public Health Federation, Cincinnati; Miss Ruth Houlton, General Director, National Organization for Public Health Nursing; Mr. George B. Larson, Executive Director, Pennsylvania Cancer Society. At the afternoon session, Dr. C. Howard Marcy, Chairman of the Health Division, presided, and speakers included Dr. Robin C. Buerki, Director University of Pennsylvania Hospital; Mr. Robert G. Paterson, Executive Secretary, Ohio Tuberculosis and Health Association, and Dr. Myron Miller, Tuberculosis Division, U. S. Public Health Service. Mrs. Walter Church,

Chairman of the Council of Medical Social Service Boards, presided at the Luncheon meeting on January 18th when addresses were given by Mrs. Aaron Lambie and Mrs. C.-E. A. Winslow.

Previous to this meeting Dr. Clarke met on January 16 with the Social Protection Board of Pittsburgh, where he discussed the need for family life education in the fight against juvenile delinquency. The *Pittsburgh Post-Gazette* carried a full column story, with photograph, on this discussion, featuring Dr. Clarke's remarks and those of Dr. L. M. Smith of the Board of Education who reported that since sex education was introduced in Pittsburgh schools six years ago, sex delinquency has been cut down 45 per cent. The course in sex education is elective and any student taking it must have his parents' written consent. Ninety-eight per cent of the parents approve, Dr. Smith said.

Virgin Island Nurses Organize Association.—The first meeting of the Virgin Islands Graduate Nurses Association was held in Charlotte Amalie, St. Thomas, on September 6, 1946. Two delegates were present from St. Croix, nurses Inez Doute and Clarissa Milligan, Treasurer and Secretary respectively of the Alumnae Association of Graduate Nurses and Midwives of St. Croix. At this meeting the following Association objectives were set forth:

1. For mutual help and improvement in professional work and for promotion of good fellowship among graduate nurses.
2. To bring about greater interest in public welfare.
3. To raise the standard of nursing through the promotion of a Nurses' Practice Act.
4. To become affiliated with the American Nurses Association through associate membership.

The Alumnae Association of Charlotte Amalie, and the Graduate Nurses Association of St. Croix shall be recognized as the Constituent Associations of the Virgin Islands Graduate Nurses Association, and shall be designated as Branches A and B, respectively. Permanent officers are to be elected at a meeting to be held early this year.

WORLD NEWS AND VIEWS

JEAN B. PINNEY

and

JOSEPHINE V. TULLER

Director

Assistant Director

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES
AND ACTIVITIES

News from the United Nations

During the month of January various UN offices which had been temporarily located at 610 Fifth Avenue were moved to the Empire State Building. The following UN offices are now at that address: (Telephone Longacre 3-7200)

Secretary-General's downtown office and conference room	Downtown Office for Building Management
Downtown office of the Department of Public Information	A Mail and Messenger Station
Offices of the Travel and Transport Services	An Office of the World Health Organization
Office of the Protocol and Liaison Section	The Press Division
	Various Delegation Offices (including the United Kingdom and China)
	Film Section

The space formerly occupied by some of these offices in the RKO Building at Rockefeller Center is being assigned to the board of design consultants, which under the direction of Wallace K. Harrison, will make plans for the UN permanent headquarters.

At the Interim Headquarters at Lake Success the telephone number is Fieldstone 7-1100, and special buses (fare 15 cents) meet the Long Island R. R. trains at Great Neck. Taxis are also available for group riding between Lake Success, Great Neck and other points. The entire trip takes about 40 minutes.

The Social Commission.—The first session of the Social Commission of the UN Economic and Social Council began on January 20 at Lake Success and was scheduled to continue until February 4, with an agenda of some 18 items. Among these were:

Examination of the report of the Temporary Social Commission following its meeting of last May, and of the resolution adopted by ECSOC concerning the report.

Working relations with non-governmental organizations.

Transfer to UN of the activities, powers and functions formerly exercised by the League of Nations (traffic in women and children; child welfare; training of social welfare staff; prevention of crime and treatment of offenders).

Transfer to UN of the urgent and important advisory functions exercised by UNRRA in the field of social welfare.

Matters relating to an International Children's Emergency Fund.

Eighteen nations are represented on the Social Commission, and representatives assigned are:

Canada: Dr. George F. Davidson	Union of Soviet Socialist Republics: Mr. V. T. Zuev
China: Dr. Y. C. Yang	United Kingdom: Sir Sidney Harris
Colombia: Dr. Francisco Posade	United States of America: Mr. Arthur J. Altmeyer
Czechoslovakia: Dr. Frantisek Kraus	Yugoslavia: Mrs. Krista Djordjevic
Denmark: Miss Alice Bruun	Representatives of Specialized Agencies
Ecuador: Dr. Nicholas Augusto Cani- zares	UNRRA: Mr. Frederick Chait
France: Mr. Henri Hauck	World Health Organization: Dr. G. Broek Chisholm
Greece: Dr. Christophe Christides	UNESCO: Dr. Julian Huxley
Netherlands: Mr. F. M. G. van Walsen	International Labour Organization: Mr. E. J. Phelan
New Zealand: The Honourable David Wilson	Food and Agriculture Organization: Sir John Boyd Orr
Peru: Mr. Manuel Seoane	
Union of South Africa: Mr. Willem Dirkse van Shalkwyk	

At the first meeting of the Commission, the Czechoslovakian representative, Dr. Frantisek Kraus, was elected chairman, with Hon. David Wilson as vice-chairman, and M. Henri Hauck as rapporteur.

A report on results of the Commission's deliberations will appear in a later issue of the JOURNAL.

Commission on Human Rights.—This ECSOC Commission, which also has as members representatives of 18 nations, was confirmed by the Council in an adhoc meeting on December 10th, 1946, and met for its first official session on January 27, 1947. Member governments, following consultation with the UN Secretary-General, designated the following to participate:

Australia: Col. William Roy Hodgson	Panama: Mr. Germano Gil Guardia
Belgium: M. Fernand Dehousse	Philippine Republic: Hon. Carlos P. Romulo
Byelorussian Soviet Socialist Republic: Mr. V. K. Prokoudovitch	Ukranian Soviet Socialist Republic: Mr. G. C. Stadnik
Chile: His Excellency Mr. Felix Nieto del Rio	United Kingdom: Mr. Charles Dukes
China: Dr. P. C. Chang	United States of America: Mrs. Anna Eleanor Roosevelt
Egypt: Mr. Osman Ebeid	Union of Soviet Socialist Republics: Mr. V. F. Teplikov
France: Professor René Cassin	Uruguay: Mr. Don Jose A. Mora
India: Mrs. Hansa Mehta	Yugoslavia: Dr. Vladislav Ribnikar
Iran: Dr. Ghassem Ghami	
Lebanon: Dr. Charles Malik	

At its first meeting Mrs. Roosevelt was elected Commission Chairman, Dr. Chang vice-chairman, and Mr. Malik rapporteur. The session was scheduled to run until February 10.

UNESCO Cooperation Discussed at National Social Welfare Assembly.—*Proposals for the most effective cooperation of voluntary organizations in furthering its purposes*, was the topic of a special session of the Assembly's Annual Meeting on January 27-28 in New York City. With Charles P. Taft, Assembly President during the past year, presiding, and Archibald MacLeish, Deputy Chairman

of the United States Delegation to the Paris Conference of UNESCO in November, a lively hour was spent in lining up the progress and problems of this important organization.

As previously stated here, the Assembly has appointed a Committee, on which the ASHA is represented, to consider plans for practical cooperation in the UNESCO program.

Of General Interest

International Conference of Social Work.—The Committee on International Conference of the National Conference of Social Work held its second meeting on January 10, 1947 at the Russell Sage Foundation in New York, to discuss plans for the international meeting expected to convene in the Spring of 1948 in Atlantic City. Dr. William F. Snow, Chairman of the ASHA Committee on International Relations and Activities and President of the International Union against Venereal Diseases, attended the Committee meeting as a member.

Institute of Inter-American Affairs Training Division Reports for 1946.—Dr. W. W. Peter, Director of the Training Division, has recently released a 51 page mimeographed report on activities for the past year, reviewing also to some extent the Division's history and work since it was established on July 1, 1944.

Stating that in the two and half years since then 497 professional workers in public health, nursing, agriculture, social work and transportation, have come from the other American Republics to the United States to study under the Institute program, Dr. Peter says:

“The Institute of Inter-American Affairs is a governmental corporation which operates under the supervision of the Department of State. The general purpose of the Institute is to aid and improve the health and general welfare and to promote the economic security of the people of the Western Hemisphere. This purpose is being carried out through the three divisions of the Institute, namely, the Health and Sanitation, Food Supply and Training Divisions.

“Although administrative control is in Washington, D. C., the activities of the first two divisions are being carried out beyond the borders of the United States. These are financed by the contribution of funds of our government and the governments of other countries and are conducted by cooperative agreements between field parties of the Institute and representatives of each government. These programs were initiated at the time when hemispheric invasion was imminent and emphasis was placed upon health protection and food supply around bases where our armed forces were stationed. As the immediate war threat diminished, there appeared increasing opportunity to contribute to the permanent welfare of the hemisphere through the improvement of public health and agriculture.

“The need for trained professional personnel to carry out these activities early became apparent. Physicians, sanitary engineers, nurses and agricultural specialists from the United States have been assigned to these activities in the field, but it soon became evident that nationals should be trained in the United States to carry on after our own field parties are withdrawn. This is the premise on which the Institute Training Program was established. Funds have been provided by Congress for the purpose of extending grants through the Institute to carefully selected public health and agricultural workers from

the other American countries to come to the United States for post-graduate study, professional observations and practical training. This program is to extend over a five-year period ending June 30, 1948."

In addition to the Fellows brought to the United States for training under the Institute and the various cooperative services, the Training Division regularly assists visitors coming here for briefer periods of observation and study in the several fields of work. From February of 1945 to December 1946 110 such visitors were aided in finding the agencies and persons they wished especially to talk with, or in practical ways such as hotel and travel reservations.

The Institute is located at 499 Pennsylvania Avenue, N.W., Washington, D. C.

For further reports on its work and Training Division Activities, please see: *Journal of Public Health*, November, 1946; *Training Public Health Personnel from Other Countries in the United States*, C. E. Shepard, M.D. and W. W. Peter, M.D.; and *Journal of Health and Physical Education*, December, 1946; *The Inter-American Public Health Training Program*, C. E. Shepard, M.D.

Inter-American Commission of Women Meets in Washington.—The Fifth Assembly of the Commission was held at the Pan American Union, December 2–13, with Miss Minerva Bernardino, Chairman, presiding through the session, and representatives from all 21 American republics taking part. Those present included:

Argentina: Sra. María Ester Luzuriaga de Desmarás
 Bolivia: Sra. Carmen B. de Lozada
 Brazil: Srta. Leontina Licinio Cardoso
 Chile: Sra. Marta Vergara Chamudez
 Colombia: Sra. María Currea de Aya
 Cuba: Sra. Elena Mederos de González
 Dominican Republic: Srta. Minerva Bernardino (Chairman)
 Ecuador: Sra. Piedad Castillo de Levi
 El Salvador: Srta. Martina Elena Solano
 Guatemala: Srta. Guillerma López Martínez

Haiti: Sra. Fortuna André Gúery
 Honduras: Sra. Ofelia Mendoza de Barret
 Mexico: Sra. Amalia C. de Castillo Ledón (Vice-chairman)
 Nicaragua: Sar. Olga Núñez Abaúnza
 Panama: Sra. Esther Neira de Calvo
 Peru: Sra. Aurora Cáceres
 United States: Miss Mary Cannon
 Uruguay: Sra. Ofelia Mechado de Benvenuto
 Venezuela: Sra. Isabel Sánchez de Urdaneta

Among important discussions at the ten-day meeting were the report and recommendations on the position of women in the Americas, to be presented to the International Conference of American States at Bogota, Colombia, next year. A treaty giving women political and civil rights for proposal to the Bogota Conference was agreed upon in principle; a resolution to put into practice the principle of equal pay and to raise low wages of women workers was also accepted.

Closing event of the Assembly was a Plenary Session in the Hall of the Americas, Pan American Union, on Friday evening, December 13th, with Benjamin Cohen, Assistant Secretary General for the United Nations Department of Public Information, speaking

on *The Role of Women in the World Today*. Miss Jean B. Pinney of the ASHA Liaison Office for International Social Hygiene Agencies and Activities, attended this meeting.

At the Caracas Conferences.—With two members of the Association's Committee on International Relations and Activities, Surgeon General Thomas Parran and Dr. Hugh S. Cumming, actively concerned with the 12th Pan American Sanitary Conference, and Mrs. Bertha Hess Riley serving as a volunteer representative at the 2nd Pan American Health Education Conference, ASHA was well represented at these meetings, which occurred in Caracas, at the invitation of the Venezuelan Government, January 12 to 24. Mrs. Riley, who flew up from Santiago, Chile, with her husband, Philip Riley, of the Institute of Inter-American Affairs, was invited to serve as an observer to the Health Education Conference, and to address the group. This she did in Spanish, taking the topic, *A Program of Social Hygiene*, and discussing the four-fold plan of education, legislation and law enforcement, health services and community action.

The JOURNAL plans to present further details of the Conferences as soon as the official reports are available.

Canada: Health League Has New Social Hygiene Director.—Joseph Lichstein, for some time past Acting Director of the Social Hygiene Division, Health League of Canada, has accepted the position of Director, Division of Publicity and Education, Saskatchewan Health Services Planning Commission (Department of Public Health). Mr. Lichstein writes that he intends to continue his social hygiene studies privately, and asks that correspondents and associate in social hygiene address him at his home, 2398 Scarth Street, Regina, Saskatchewan.

New Director of the League's Social Hygiene Division is Roger G. Knipe, M.D., D.P.H., who may be addressed at League headquarters, 111 Avenue Road, Toronto, Ontario.

England: British Social Hygiene Council Loses Officers by Death, and Elects New Chairman.—The Autumn issue of *Biology and Human Affairs*, quarterly publication of the Council, pays tribute to two loyal friends recently removed by death. Dr. Otto May, associated with the Council since its earliest days in 1914, and Chairman of the Executive Committee since 1937, died on August 15th. Sir Walter Langdon-Browne, Council president from 1938 to 1944, has also recently passed away.

The Committee, at an October meeting, elected Dr. Fred Grundy, M.D., M.R.C.S., D.P.H., and Barrister at Law, Inner Temple, to succeed Dr. May. As Medical Officer of Health for the Borough

Council of Luton, Dr. Grundy, the statement says, "has made a name for himself," both in the fields of public health and social medicine. He is author of the *Handbook of Social Medicine, a Report on Luton*, dealing with social conditions, and had a hand in the recent publication *Families in Trouble* by C. G. Tomlinson, which is called "the latest and most illuminating study of problem families."

The JOURNAL extends its sincere condolences on the loss of such important collaborators and active workers, and congratulates the Executive Committee in finding a worthy successor.

Regional Office for the Americas Is Established for International Union Against Venereal Diseases.—In accordance with the plans made by the Union for furtherance of its work through offices in various parts of the world, a Regional Office for the Americas has been established in New York, to serve the Western Hemisphere, and to act as a liaison channel into the United Nations for Union matters.

Dr. William F. Snow, Union president, announcing the new office on behalf of the Secretary-General, Dr. André J. Cavaillon, who has approved the arrangement from the Union's headquarters at 25 Boulevard St. Jacques, Paris, said that facilities and staff for the Regional Office for the Americas are being provided through the cooperation of the American Social Hygiene Association's Committee on International Relations and Activities. The Committee for a year past has conducted a Liaison Office for International Social Hygiene Agencies and Activities at the Association's national headquarters at 1790 Broadway, New York, and this Liaison Office will continue to be responsible for various activities outside the Union's program.

At the same time Dr. Snow announced that Bernard H. Flurschein of Paris and New York, who has held the office of treasurer in the Union since its organization in 1924, is leaving for a year's travel in South and Central America on behalf of the social hygiene, and other health and welfare programs. Mr. Flurschein, who has been spending several months in New York, will consult with public officials and private agencies in the 20 other American republics, as well as in the British West Indies, Puerto Rico and the Virgin Islands, regarding ways of cooperation, educational materials, and other services desired and needed to implement the international program for strengthening family life, protecting health and generally advancing human welfare in the Americas.

All of the American republics previous to the recent war were represented through one or more member agencies in the 34 countries participating in the International Union against Venereal Diseases. Many of these agencies have already expressed their interest and intention of continuing their participation in the renewed pro-

gram now being set up through the Union. Inter-American interest and effort regarding social hygiene work has in fact grown during the war, the American peoples having drawn together more closely than ever in this respect as in others while they were cut off from communication with the rest of the world. The programs of the Pan American Sanitary Bureau, the Institute of Inter-American Affairs, the Inter-American Educational Foundation, the Inter-American units of the Children's Bureau, the Women's Bureau and of other official agencies and voluntary groups including the ASHA Committee on Inter-American Cooperation have helped to create new understanding and to provide new ways of working together, which will serve as a sound basis for future successful endeavor.

Agencies and individuals interested in the program and services now developing through the Union's Regional Office for the Americas are invited to write to the Director, Miss Jean B. Pinney, at Room 1402, 1790 Broadway, New York 19, N. Y. for further details. Comments and suggestions will be welcomed.

World Events—Current and Future

(Dates subject to revision)

Lake Success
New York

United Nations

February 10-14 Conference of International Organizations. Called by Section on Voluntary Organizations, Department of Public Information.

February 12 Commission on the Status of Women, ECSOC.

February 28 Economic and Social Council, Fourth Session.

March 31 Interim Commission, World Health Organization.
Geneva
Switzerland

Other Events

February 8 American Association for the United Nations. Review of
Essex House achievements of the General Assembly.
New York

February 14 American Association for the United Nations, World Federa-
Hotel Roosevelt tion of United Nation Associations, and sponsoring interna-
New York tional organizations. Dinner meeting.

February 16 World Association of Junior Chambers of Commerce. First
Dallas postwar meeting.
Texas

February 18 International Bar Association. Organization meeting.
New York

April 14 Pan American Day.
21 American Republics

May 6-8 United States-Mexico Border Public Health Association.
San Diego
California and
Tia Juana
Mexico

- May 11-16** Ninth Quadrennial Congress, International Council of Nurses.
Atlantic City
New Jersey
- May 19-24** Conference of State and Provincial Health Authorities of
Quebec North America, and Canadian Public Health Association.
Canada
- July 30-
August 7** Second World Conference on Christian Youth. For further
Oslo information address your national church headquarters, the
National YMCA or National YWCA.
- Norway**

Recent Publications of International Social Hygiene Interest

(For additional listings see *Publications Received*, elsewhere in this number of the JOURNAL)

Periodicals

- United Nations Weekly Bulletin.** The *Bulletin*, an illustrated 16 page magazine is the official chronicle of UN events and may be secured for 15 cents a copy, \$6.00 a year, from the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.
- January 14
Commissions of the Economic and Social Council
- January 21
The United Nations Secretariat and Its Functions
United Nations World Broadcasts
*Social Commission to Meet **
- January 28
*Commission on Human Rights Meets **
- Biology and Human Affairs.** British Social Hygiene Council. Tavistock House North, Tavistock Square, London, WC 1. A quarterly publication. Autumn, 1946.
Summer School in Social Biology, Wadham College, Oxford.
The Biology of Twins, F. Whitwam Jones.
- Health Education Journal.** Central Council for Health Education, Tavistock House, Tavistock Square, London, WC 1. January, 1947. *A Biological Approach to Education. VD—Cinderella or Bogeyman?*, Harold Thomas.
- Revista de Sifilografia, Leprologia y Dermatologia.** Official publication of the Ministry of Health and Welfare of the Republic of Cuba. October, 1946. This issue contains yearly index.

Reports

- International Health Conference.** Report of the United States Delegation, including the Final Act and Related Documents. Department of State Pub. No. 2703. Conference series 91. U. S. Government Printing Office, Washington 25, D. C. 145 pages. 35 cents.
- Report of the United States Education Mission to Germany.** Department of State Pub. No. 2664. European Series 16. 50 pages. 15 cents. Government Printing Office, Washington 25, D. C.

* See other mention in previous pages.

NOTES ON LAWS AND THEIR ADMINISTRATION

GEORGE GOULD

*Acting Director, Division of Law Enforcement and Social Protection,
American Social Hygiene Association*

As in previous years, the JOURNAL will publish, from time to time in 1947, current information on legislative measures and administrative details believed to be of interest to social hygiene workers. The Association's staff will be glad to provide additional information on these or other related projects, on request to the national headquarters office at 1790 Broadway, New York 19, N. Y.

IN THE U. S. CONGRESS

In the 80th Congress, during January 1947, 472 bills and 50 resolutions were introduced in the Senate, while 1,570 bills and 103 resolutions were put into the hopper in the House of Representatives. Some social hygiene interest appears in the following:

Senate Bills

S. 140 (introduced by MR. FULBRIGHT of Arkansas for himself and MR. TAFT of Ohio) proposes to create an executive Department of Health, Education, and Security. *Referred to Committee on Expenditures in the Executive Departments.*

S. 198 (introduced by MR. CAPPER of Kansas) proposes to provide for uniform regulation of marriage and divorce. *Referred to Committee on the Judiciary.*

S.J. Res. 28 (introduced by MR. CAPPER of Kansas) proposes an amendment to the Constitution of the United States relative to marriage and divorce laws. *Referred to Committee on the Judiciary.*

S.J. Res. 61 (introduced by MR. MORSE of Oregon) proposes to study and investigate existing and proposed federal grants to state and local governments for welfare, education and health programs. *Referred to Committee on Labor and Public Welfare.*

House of Representatives

H.R. 142 (introduced by MR. PACE of Georgia) proposes to provide for the common defense in relation to the sale of alcoholic liquors to the members of the land and naval forces of the United States and to provide for the suppression of vice and gambling in the vicinity of military and naval establishments. *Referred to the Committee on Armed Services.*

H.R. 220 (introduced by MR. BUCHANAN of Pennsylvania) proposes to establish a United States Commission for the promotion of physical fitness. *Referred to the Committee on Education and Labor.*

H.R. 573 (introduced by MR. HARRIS of Arkansas) proposes to create an executive department of the Government to be known as the Department of Health, Education, and Security. *Referred to Committee on Expenditures in the Executive Departments.*

H.R. 605 (introduced by MR. MILLER of Nebraska) proposes to establish a Department of National Health. *Referred to the Committee on Expenditures in the Executive Departments.*

H.R. 942 (introduced by MR. CELLER of New York) proposes to promote the progress of science and the useful arts . . . and to advance the national health and welfare. *Referred to the Committee on Interstate and Foreign Commerce.*

H.R. 947 (introduced by MR. COLE of New York) proposes to provide for the promotion of moral, temperance, and character education; to provide for cooperation with the States in the promotion of such education; and to provide for cooperation with the States in preparation of teachers of moral, temperance, character, and good-citizenship subjects. *Referred to the Committee on Education and Labor.*

For particulars of these bills and notes on their progress, the reader is referred to the Social Legislation Information Service, published at 930 F Street, N.W., Washington 4, D. C., and available on a yearly subscription basis or by the single copy.

WITH THE STATE LEGISLATURES

Forty-four state legislatures meet this year. So far word has been received of the introduction of the following bills of social hygiene interest in the several states.

ARKANSAS

H. 43 and **H. 87** propose to require each applicant for a marriage license to present a certificate from a duly licensed physician stating that the applicant has undergone a standard serologic test for syphilis and has been found free from syphilis in a communicable stage. *Information has been received that the House defeated H. 43.*

H. 18 proposes to require every physician at the time of the first examination to take or cause to be taken a sample of the blood of a pregnant woman and submit the same to an approved laboratory for a standard serologic test for syphilis. *H. 18 passed the house January 22.*

COLORADO

S.B. 524, to amend the venereal disease and public health law, proposes (a) to declare granuloma inguinale and lympho-granuloma venereum venereal diseases in addition to syphilis, gonorrhea and chancroid to be communicable and dangerous to the public health; (b) to penalize a person infected with venereal disease for knowingly infecting another with or exposing another to his infection; (c) to prohibit any person other than a licensed physician from treating or prescribing for a case of venereal disease; (d) to prohibit the sale or disposal of appliances, drugs or medicinal preparations used in venereal disease control except in places registered by the State Board of Pharmacy; (e) to prohibit the issuance of a certificate of freedom from venereal disease, except in accordance with state or local laws or state department of health regulations; and (f) to authorize and direct the State Board of Health to educate the public concerning the venereal diseases and methods for their control.

S.B. 525 proposes to prohibit prostitution, lewdness, and assignation, providing penalties for the violation thereof.

DELAWARE

H. 42 proposes to require each applicant for a marriage license to obtain a certificate from a duly licensed physician showing that the applicant has undergone a standard serologic test for syphilis and is not infected with such disease.

S. 76, to amend the law relating to the distribution of certain drugs and preparations, proposes that the sale of penicillin, the sulfonamides and thyroid, and preparations containing them, may be sold or dispensed only on prescription of a duly licensed practicing physician, practicing dentist or practicing veterinarian.

MINNESOTA

H.B. 82 proposes to appropriate \$5,000 for the operation of a venereal disease control program.

MISSOURI

H. 63, to amend the prenatal examination law, proposes that the examination of a pregnant woman for the presence of syphilis shall be mandatory rather than just with the consent of the woman.

MONTANA

S. 100 proposes to require each applicant for a marriage license to present a certificate from a duly qualified physician stating that the applicant has been given such an examination including a standard serologic test as may be necessary for the discovery of syphilis.

NEW YORK

S. 227, to amend the law in relation to prenatal examination, proposes that the test shall be for RH factor of a pregnant woman as well as for syphilis.

A Resolution introduced by Assemblyman ARCHINAL and Senator HALPERN proposes to set up a joint Legislative Committee to make a comprehensive study and analysis of the provisions of the laws of New York relating to diagnosis, methods of treatment, nature of type of present penal institutions and study of those to be thereafter erected and maintained for the care and treatment of sex crime offenders and study of new methods of treatment and the planning of adequate provision for dealing with such cases.

NORTH DAKOTA

S. 38 proposes to require every physician, or other person authorized by law to practice obstetrics, who attends a pregnant woman for conditions relating to pregnancy, to take or cause to be taken a sample of blood of such woman at the time of the first professional visit and to submit such sample to an approved laboratory for a standard serologic test for syphilis.

PENNSYLVANIA

S. 43 proposes that it shall be unlawful for any doctor, hospital, nurse, or other person or persons practicing medicine or affiliated with the medical profession to perform blood transfusions without first having ascertained by a Wassermann test that the blood of the donor is free from any venereal disease.

H. 382 proposes to require all persons employed as meat handlers to submit to a serologic test for syphilis.

UTAH

S.B. 70 proposes to prohibit prostitution, lewdness and assignation and classifies them as a misdemeanor.

It will be noted that 3 of the 16 states not having adequate premarital examination laws, and 2 of the 12 not having prenatal examination laws have now introduced such legislation.

BOOK REVIEWS

PENICILLIN. By Sir Alexander Fleming, F.R.C.P., F.R.C.S., F.R.S., Nobel Prize Award, Discoverer of Penicillin; Professor of Bacteriology, University of London, St. Mary's Hospital, and 28 Contributors in Special Fields of Medicine. Philadelphia, The Blakiston Co., 1946. 380 p. \$7.00.

A book on penicillin written by Sir Alexander Fleming is sure to be an interesting event in the literature of science. Sir Alexander and twenty-eight other contributors have produced a well-rounded picture of the discovery, chemistry, bacteriology and clinical uses of penicillin. Most readers will find the story of the discovery of penicillin, written by Fleming himself, by far the most interesting part of this book. He tells the story in such a matter of fact, undramatic way that the reader may forget for the moment that he is reading about one of the most important medical discoveries of all time. Fleming's chapter on bacteriology is also of interest and pays full attention to the contributions of others to our knowledge of penicillin and other antibiotic substances.

The clinical uses of penicillin are described in chapters written by physicians of special experience in the several fields. The chapter dealing with the venereal diseases was written by Dr. G. L. M. McElligott of St. Mary's Hospital, London. It is a very brief and simple account but one with the details of which many American physicians will find themselves in disagreement. For example, the author advises the administration of 150,000 units of penicillin in the treatment of gonorrhea, but advises against giving 200,000 or more lest this amount of the substance mask syphilis. It is not believed that the 50,000 unit difference in dose is so crucial as McElligott indicates, and even if it were it would not be a good reason for under-treating a case of gonorrhea. The author advises against doing a "test of cure" until twelve weeks after the end of treatment. In ambulatory patients test of cure after so long a time would be a comparatively useless procedure in view of the large number of re-infections which occur and the impossibility of discriminating sharply between relapses and re-infections with gonorrhea. The author advocates treatment of syphilis by administration of penicillin, arsenic and bismuth combined. The method proposed is

still open to question according to American experience and is of such long duration as to lose the advantage of rapid treatment.

Differences between the British methods and American points of view in regard to the treatment of syphilis and gonorrhea is, of course, not new. It is true, also, that there is less unanimity among British specialists in this field of medicine than there is among American physicians in the same field.

These minor criticisms of the chapter on venereal diseases are not intended in any way to detract from the value of this book. It is in a way a history-making volume as it is, so far as the reviewer knows, the first comprehensive account of penicillin to appear in book form over the name of Sir Alexander Fleming.

WALTER CLARKE, M.D.

HEALTH INSTRUCTION YEARBOOK — 1946. Edited and Compiled by Oliver E. Byrd. Foreword by C.-E. A. Winslow. Stanford University Press. 399 p. \$3.00.

This is No. 4 of the compilations edited by Professor Byrd. Like previous editions of the *Yearbook*, abstracted articles (384 articles from 83 different sources), covering a variety of health topics under 21 headings, make up the text. No. 21, *International Health*, is a new grouping. Social hygiene topics are included under *I. Health as a Social Accomplishment*; *II. Health as a Social Problem*; *VII. Mental Health and Disease*; *IX. Infection and Immunity*; *XVII. School Health*; *XVIII. Occupational Health*; *XIX. Community Health Services*; and *XXI. International Health*, some thirty articles being abstracted from the *JOURNAL OF SOCIAL HYGIENE* and other magazines.

An *Author Index* and *Subject Index* have been added. The writer of this review, however, is still plugging for the inclusion of an alphabetically indexed bibliography of periodicals and other publications used as sources, and for the source references themselves to appear in fine print preceding each abstract, rather than the numerical arrangement now observed, which makes it necessary to turn constantly to the rear of the book to find the source.

The growth of this publication indicates its increased use and value.

JEAN B. PINNEY

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene

The Association is supported entirely by citizen contributions.

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EDITORIAL OFFICES AND NATIONAL HEADQUARTERS

1790 BROADWAY 19, NEW YORK CITY

WILLIAM FREEMAN SNOW AWARD
FOR DISTINGUISHED SERVICE TO HUMANITY



Photograph from Fayer, London

Presented to
SIR SIDNEY WEST HARRIS, C.B., C.V.O.

1947

SIR SIDNEY WEST HARRIS . . .

For more than a quarter-century a proponent and a part of the great progress made in social welfare by Great Britain; comrade in endeavor with those engaged in similar efforts in the United States . . .

. . . Planner, thinker, administrator, searcher for the sources of hindrance to human progress, for the roots of social problems, for the way to more ample growth and life . . .

. . . Friend and protector of childhood and youth, pioneer in methods of ensuring care, safeguards and sound guidance for those of the nation's new generations . . .

. . . As a member, from its inception, of the League of Nations Advisory Committee on Social Questions, helping to enlarge national services, international agreements and experience for world benefit . . .

. . . In this capacity a leader and collaborator in the progress made since 1920 toward elimination of international traffic in women and girls, the prevention of their exploitation through commercialized prostitution; and toward advancement of child welfare . . .

. . . Now, as a member of the Social Commission of the United Nations Economic and Social Council which inherits the League's responsibility in this field, moving forward with courage, vision and determination into the new era of world cooperation and progress on which the future of civilization depends . . .

. . . The American Social Hygiene Association salutes you and as a symbol of appreciation of your effort and accomplishment in the field of our mutual endeavor, claims the privilege of bestowing upon you at this time the William Freeman Snow Award for Distinguished Service to Humanity.

BIOGRAPHICAL NOTES

SIR SIDNEY WEST HARRIS, C.B., C.V.O., Assistant Under Secretary of State, British Home Office, London, United Kingdom Delegate to the Social Commission, United Nations Economic and Social Council. Born October, 1876, in Marylebone, London. Son of George and Kezia Harris. Educated at St. Paul's and at Queen's College, Oxford University, from which he received the degree of Master of Arts.

Secretary, Royal Commission on Mines 1906-1909.

Private Secretary to successive Home Secretaries 1909-1919.

Member of various official commissions and committees on questions relating to welfare of children and young persons, and on social services connected with administration of justice.

Adviser on questions relating to children and the cinema.

British representative, League of Nations Advisory Committee for Social Questions, 1922 onwards.

Adviser on social questions to the United Nations Economic and Social Council at its Second Session, New York, May, 1946.

Member, during this session, of the Council's Temporary Social Commission which studied the whole field of social welfare and framed future international program.

United Kingdom delegate to the Council's Third Session, September, 1946, and to the United Nations General Assembly meeting which followed.

Member of the Council's Permanent Social Commission which held its first session January 20-February 1, 1947.

Appointed a Companion of the Most Honorable Order of the Bath (C.B.) 1916.

Appointed a Commander of the Royal Victorian Order (C.V.O.) 1918.

Created a Knight Bachelor in His Majesty King George the Sixth's Birthday Honors, June, 1946.

Married in 1909 the late Emily Mary Wilson, of Darlington, Yorkshire, England. Two sons and three daughters were born to their union. The elder son, David, lost his life in 1940 while serving in the British Merchant Navy. The younger, Hugh, served through World War II in the British Army. Of the daughters, one is Mrs. Anne Dickenson, another is Mrs. Graham, and the third daughter, Joan, has frequently served as her father's secretary in his work at home and abroad, and is an accomplished musician.

Member, Church of England.

Hobbies, gardening and carpentry, especially children's toys.

Home, Wimbledon, England.

Of his work a colleague writes:

"For more than twenty-five years Sir Sidney Harris has been in charge of the work of the Home Office connected with the treatment of young offenders and children and young persons in need of care and protection, and has played a foremost part in the great advances which have taken place during this period, including the reorganization of the Juvenile Courts and the Approved Schools. He was a member of the important Departmental Committee on the Treatment of Young Offenders, many of whose recommendations were embodied in the Children and Young Persons Act of 1933, a major piece of social legislation which brought up to date and extended the Children Act of 1908, the so-called 'Children's Charter.' Sir Sidney has also served on many other committees and commissions dealing with different aspects of child welfare and other social questions, and he was Chairman of the Departmental Committee on Social Services in Courts of Summary Jurisdiction (1936) whose report marked the beginning of a new era in the history of the probation system of England and Wales. On

the basis of its recommendations and under Sir Sidney's administrative leadership a substantial expansion has taken place in the probation service, the value of the probation method has been increasingly appreciated and the status of probation officers has been considerably improved. This report also led to important reforms in the law relating to the hearing of matrimonial cases in magistrates' courts. His international work has also been important. He was well known and highly respected at Geneva as the United Kingdom representative for many years on the Child Welfare Committee of the League of Nations and its successor, the Commission on Social Questions, and as a member of the United Kingdom delegations to the League Assembly. In these capacities he made an outstanding contribution to the development of international cooperation in such matters as child welfare and the suppression of the traffic in women and children and in obscene publications. He also represented the United Kingdom on questions connected with the international control of the traffic in dangerous drugs.

"Combining in a high degree practical common sense with idealism, throughout an exceptionally long career he has shown himself to be in the best traditions of the British Civil Service." One who knows Sir Sidney intimately says: "I think all his work has its spring in Christianity and in love for humanity."

THE WILLIAM FREEMAN SNOW AWARD
FOR DISTINGUISHED SERVICE TO HUMANITY



In 1937 a bronze portrait plaque was presented by friends in this and other countries to Dr. William F. Snow on the occasion of his fortieth year of distinguished service to education, public health, and social hygiene; and a Committee on Awards was appointed, with the suggestion that from time to time medal replicas of the plaque be struck off and presented in recognition of outstanding service of others in the field of social hygiene.

Previous recipients of the Snow Award

- | | |
|---------------------------------|---------------------------------|
| 1938 Edward L. Keyes, M.D. | 1943 Ray Lyman Wilbur, M.D. |
| 1939 Thomas Parran, M.D. | 1944 Hugh S. Cumming, M.D. |
| 1940 General John J. Pershing | 1945 Merritte W. Ireland, M.D. |
| 1941 Mrs. Sybil Neville-Rolfe | 1946 John H. Stokes, M.D. |
| 1942 Frederick F. Russell, M.D. | 1946 Lawrence W. Harrison, M.D. |

Journal of Social Hygiene

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NO. 3

Thirty-fourth Anniversary Number

EDITORIAL

“WE ARE FOR THE FAMILY . . .”

Social Hygiene Day, which marks a peak effort in activities, and the beginning of another year's forward march, as usual was widely observed last month. Throughout the United States, in Alaska, Hawaii and Puerto Rico, observances were again held. In Canada, Social Hygiene Day was celebrated both nationally and by the Provinces. Mexico held a Social Hygiene observance on February 10. Social Hygiene Day Program and Publicity Aids went to all the Latin American Republics, and to such far-off lands as India and China. Each year more agencies, more community groups and more countries tell us they are setting aside a time to consider social hygiene problems and make plans for social hygiene action.

To the American Social Hygiene Association this Social Hygiene Day marked an especially important milestone—a time of again turning our main effort, after the emergency demands of the war years, towards the Association's original long-range objective—“the preservation of the family as the basic social unit.”

Speaking for the Officers and the Board of Directors, President Ray Lyman Wilbur set the signals for this renewed broad endeavor in his remarks at the Association's Annual Luncheon Meeting in New York City on February 5, as reported below. Dr. Walter Clarke, in his statement on page 141, backs up Dr. Wilbur's announcement with some details of program and activities claiming first priority.

This is in accord with work-outlines such as that presented by Dr. Snow, as Chairman of the Board of Directors, early in 1946,* which called for emphasis during the next five years, while holding the gains made on the medical and law enforcement side, on "new advances in education and family conservation" and in meeting the "special demands of community action and international work."

This emphasis is apparent in the various reports on Association activities in 1946 as presented at the Annual Business Meeting, and summarized in this issue of the JOURNAL. The program arranged for the New York Regional Conference, as well as programs of meetings held elsewhere then and since, indicates wide interest and cooperative intention in this long-range plan. As rapidly as limited space will permit the JOURNAL hopes to present some of the excellent addresses given along these lines.

PRESIDENT WILBUR'S MESSAGE

I have been asked to make a keynote speech. I am not going to do that, but I would like to say that as I see the future of this Association, it is going to be *for* something—not *against* something. It is not merely going to be *against* the venereal diseases and prostitution. It is going to be *for* the development and protection of the American family. (Applause)

The greatest privilege given to man is to share with a woman in the creation of a human being, with all of the range open to a new baby. Nature has made that baby weak and unprepared for survival through its own efforts. It needs care, training and education. Above all, it needs a home and an environment free from perils in order to grow up to its possibilities. This means responsible fatherhood and motherhood.

A young buffalo has to be born with its legs ready to run as fast as its mother if it is to survive the attacks of wolves and enemies. A boy or a girl, though, needs years of preparation in order to reach self-support and maturity. This offers human beings a chance to educate their young. It means that a home is the most important required provision for the young.

* *The American Social Hygiene Association. Some Notes on the Historical Background, Development and Future Opportunities of the National Voluntary Organization for Social Hygiene in the United States.* W. F. Snow. ASHA Pub. A-665, reprinted from the JOURNAL OF SOCIAL HYGIENE, June, 1946. The Association's Committee on International Relations and Activities has secured translations of this article into French, Spanish and German.

The home and its environment are under parental and social control. We cannot legislate morals successfully, but we can fight for clean, wholesome environments for our children, just as for our trees and gardens we can provide nourishment, keep the weeds down and fight the enemies, the parasites, both large and small.

As our civilization depends more on the machine and less on the use of human muscles, experience tells us that early marriage is desirable. If our young people are to be happy and are to understand each other, marriage must come early. And it must be fostered and financed, at least in part, by established adults. Our economic life makes it impossible for most young men to begin to support their wives at the level achieved by her parents after some twenty years of experience and savings.

A grandson or a granddaughter means more than two or three automobiles, membership in clubs or societies, or what is known as "fun" in night-club circles. Young people growing up together and working to build up a family make the best citizens, the kind who want the home circle to remain unbroken and fit to be a guard and a goal for their children.

We know, of course, that the venereal diseases are the greatest possible enemies to the American home. The Association has emphasized their danger, and has helped build up the campaign against them. It seems to me that we can now advance further by taking the positive side—the development of American home life, something that you recognize, as all of us do, is very much needed.

So, from now on, the Association is *for* the family.



THE THIRTY-FOURTH ANNUAL MEETING

The Association's Annual Meeting this year comprised a number of sessions aside from the programs of the Regional Conference held on Social Hygiene Day. The Board of Directors met for dinner on the evening of Tuesday, February 4, and again Wednesday, following election of officers and new Board members. The Annual Business Meeting was held on the morning of February 5, as reported elsewhere in this number.

High point of the meeting was the Luncheon Session on February 5, with President Wilbur in the chair and a large and notable group in the Hotel Pennsylvania's Grand Ballroom to hear the President's Message, witness the Award of the Snow Medal and Honorary Life Memberships, and hear the addresses as published in following pages.

A novel feature in radio cooperation for the Annual Meeting and the Regional Conference was the broadcasting of the entire proceedings, from 11 o'clock in the morning until 5 in the afternoon, over New York's Municipal Radio Station, WNYC. Earlier in the morning Miss Eleanor Shenehon, Director of the ASHA Social Hygiene Day Service, had been interviewed on the *Hi Jinks!* program over the National Broadcasting Company's network. Her description of the Regional Conference program, with the announcement by Mr. McCrary and his wife, Jinx Falkenberg*, that they would both take part in the meeting, drew overflow audiences to the large meeting-rooms of the Hotel Pennsylvania, and proved again the influence of radio for popular interest and information.

Guests of honor at the Luncheon Session, aside from Mr. H. M. Phillips who accepted the Snow Medal in behalf of Sir Sidney Harris, and Mrs. Horace B. Ritchie and Mr. Bernard H. Flurschein, who received Honorary Life Memberships at this time, were three other Honorary Life Members elected in previous years—Dr. John F. Mahoney, Director, U. S. Public Health Service Venereal Disease Research Laboratory at Staten Island, N. Y.; Rear Admiral Charles S. Stephenson, MC, (retired) former head of the Navy's Division of Preventive Medicine, and Bascom Johnson, ASHA Senior Legal Consultant. Other honored guests were New York's Health Commissioner Israel Weinstein, Captain M. C. Wishengrad, VD Control Officer, Third Naval District, and Edward H. Marsh, MC, U. S. Army.

Officers and Members of the Board of Directors introduced by President Wilbur included Dr. Edward L. Keyes, Honorary President and first recipient of the Snow Medal; Dr. William F. Snow, Chairman of the Board; Mr. Bailey B. Burritt, Chairman of the

* Mr. McCrary was a speaker at the Luncheon Session, while Miss Falkenberg presided at the membership table between sessions.

Executive Committee, Mr. Philip R. Mather, Chairman of the Finance Committee, and Mrs. David C. Prince, Mrs. Conrad Berens, Mrs. Dwight S. Perrin, Dr. Louis I. Dublin and Mr. Reginald E. Gillmor, Board members.

At a special table, as guests of the Committee on International Relations and Activities, were representatives of the United Nations and of interested international agencies, including: Miss Peggy Ray, representing Professor Henri Laugier, UN Assistant Secretary General for Social Affairs; Mr. James B. Orrick, Chief, Section on Voluntary Organizations, UN Division of Public Information; Mr. J. A. C. C. Alexander, of the United Kingdom Delegation to the United Nations; Mrs. H. M. Phillips; Mrs. Frank G. Boudreau, of the Associated Country Women of the World, and Mrs. Charles Russell, representing the Women's Institute in Great Britain, and Mrs. James W. Rodgers of New York.

Commissioner Weinstein, on being introduced by Dr. Wilbur brought a word of greeting from Mayor William J. O'Dwyer, with the latter's regrets that he could not be present in person:

"This meeting records an additional success in the impressive record achieved by the American Social Hygiene Association. I am confident that your splendid work, combined with that of official health agencies and the cooperation of the public, will soon remove venereal diseases from the list of major problems in our nation.

(Signed) "WILLIAM O'DWYER, Mayor"

Another welcome guest was Charles G. Bolte, National Chairman, American Veterans Committee, who addressed the luncheon meeting.

TEAMWORK BRINGS RESULTS



PREVENTION IS THE WATCHWORD

WHY WOMEN ARE INTERESTED IN SOCIAL HYGIENE*

EDITH ADAMS RITCHIE

Chairman, National Women's Advisory Committee on Social Protection

The charming reference to the little girl with the pigtails in the folder before you gives me courage to tell you a story which goes back a bit into history.

My introduction to this particular phase of health work came to me not personally, but as the chairman of Public Welfare of the General Federation of Women's Clubs. The Federal Security Agency, through its Social Protection Division, early in the war, became deeply interested in the fact that women were concerned in this problem and that women's organizations not only were concerned but had programs on this topic. They were interested in knowing what those programs were and they desired the participation of women in their own efforts.

It was astounding to many people that women would consider this topic. It was even more astounding, to more people, that women had already considered the topic. It seemed to some of those people that this was a tremendous advance, that it was something new, and thereby hangs my story.

In 1868 Charles Dickens came to this country on a sight-seeing and barnstorming tour. His first stop, of course, was in New York. The newspaper fraternity, a very closely knit group, made elaborate plans for his entertainment. Prized invitations were issued to a dinner in his honor.

There was in New York at that time a small but enterprising women's division of news and feature writers who desired to come to the dinner. They asked for tickets. The brothers of the fraternity very unceremoniously refused their request.

The women were quite incensed, and under the leadership of Jennie June Croley, a pioneer newspaper writer, they determined that they would have a press group, a club all their own, and that they would have such interesting presentations, such interesting speakers that the time would come when the men would plead, they hoped, for tickets. This would be very happily refused. So the Sorosis Club of New York, the first women's club, was organized.

That club soon lost its retaliatory spirit and became deeply interested and concerned in the problems of the day. In 1869, a year later, Jennie June Croley issued an invitation to the women of other clubs, which had grown up in the meantime over the country, to come to New York, so that they might discuss together their plans, their programs and their interests. However, she made one very grave error. She added to her invitation a clarion call listing some of the things that she wanted those women to consider. First, was

* An address given at the Annual Luncheon Meeting of the American Social Hygiene Association on Social Hygiene Day, February 5, 1947, New York, when Mrs. Ritchie was made an Honorary Life Member of the Association. The "folder" to which she refers in her opening sentence is the brochure containing the Membership Citation which appears on page 119.

Public Library
Kansas City, Mo.

more and better education for women. Second, was equal pay for equal work. Third, was that they must do something about malfeasance in public office. And fourth was that women must recognize and must do something about venereal disease, an evil, she said, that was making wrecks of many children and shambles of many homes.

A great furor arose. The men forbade the meeting. They had a very easy fashion of making their edicts stick: They refused to finance the trip. (Laughter)

They said, first of all, that women did not have intelligence for education; secondly, if women were educated, it would ruin their charm; thirdly, that men had enough education for the purposes of both. They said that, as far as malfeasance in public office was concerned, women could not understand the intricacies of political strategy; and fourth, that nice women neither knew nor discussed venereal diseases.

PERIODICAL DEPT.

The meeting, of course, was not held. Jennie June Croley was disappointed, but she was not dismayed. When her organization was two years old, she issued another invitation to the women of America to meet, but she had learned her lesson. Her invitation carried this promise: "Nothing forward will be discussed." (Laughter) She said, "The topic will be the opening of the doors and the windows of the souls of women." With that pretty thought in mind, the men were glad to have their women attend, and women from every section of the country came to that meeting. Jennie June Croley knew that when the windows and the doors of the souls of women were wide open, the problem of venereal disease and all the other problems that menace the family would come flocking in and that women would come to grips with them.

Today, I stand before you very proudly, the spokesman of twenty-four million American women, members of some forty-five women's organizations of this country, who have determined that their efforts shall be placed beside that of all other agencies in an effort to do something about social hygiene problems.

Nowadays women are much interested and much shocked in the things that are being told about venereal disease. I am going to make no attempt whatsoever to tell you anything new or anything profound about venereal disease today. We women have accepted the facts that you, as scientists and as workers in the public field, have given us about this. I am merely going to state to you a few of the facts which have shocked us into action and to tell you of one or two ways in which we believe our efforts can be most effective.

Nowadays women are interested in and are assuming a share of community responsibility on many fronts. The social hygiene program, the program of the Social Protection Division of the Federal Security Agency, challenges them for a number of reasons.

No one can escape knowledge of, and touch with, the conditions which brought these programs into being. The facts which you have given us, hold deep significance for the individual, for the family, and for the community. That significance manifests itself through the economic problems, the health problems, the social and moral problems which are created. In all of these women are keenly concerned. That

concern may be narrowed to the viewpoint of the individual; it may be broadened to that of the family group; or it may be that which encompasses the entire community.

Economic Loss

Perhaps the economic loss involved in this problem is the least important reason for the concern of women. They recognize, however, that the cost in dollars cannot be isolated, but underlies all other aspects of the problem. The cost of letting individual whim set its own pace has been, and is, too great. In war, when the safety of all depended upon the fitness of each, we found there were steps which could be taken to assure fitness. Why, in peace, do we seem to feel there is no need thus to protect our productivity, our strength, and our stability?

Over the centuries, syphilis and gonorrhea have caused greater loss in working hours than any other disease. They have decreased human efficiency to a more marked degree than any other disease. This loss of time and earning power has contributed enormously to economic instability for individuals, to a lowered standard of living, and to an impaired morale. It is startling to contemplate that \$168,000,000 is taken from the pockets of American workers each year because of days lost due to venereal disease.

We have seen loss of economic stability by the head of the family bring the family itself to the brink of disaster. Families which should be self-sustaining become public charges. The community is called upon to assume expensive welfare functions because of the very thing which has depleted its treasury and hampered its efforts to render services. We women long ago learned that an ounce of prevention is worth a pound of cure; that locking the door after the horse is stolen is futile; and that killing the goose which lays the golden egg is very poor economics, indeed. But that is exactly what we, as a nation, have always done with reference to social hygiene.

On our relief rolls we pay enormously for the salvage or the support of human derelicts which this shoddy brand of philosophy provides. We pay enormously as a nation for the increase of crime which is entailed. The cost would be even greater, were the job better done. In all these costs, we see an attempt on the part of the community to pick up the wreckage after it has permitted the damage to be done.

Continuing a study of costs of salvage, we find that in World War I official records show 6,804,818 days lost on account of venereal disease, during the 19 months of our participation. We have been paying for this ever since. In compensation and benefits for the venereal disease blind, for hospitalization and domiciliary care for syphilis alone, we have spent well above \$100,000,000 through the Veterans' Administration. How much has been spent by individuals going to private physicians, cannot be computed. Nor is there considered the cost of treatment given wives and children of infected veterans. We can but imagine what the total would be, were there any way to compute similar costs to non-service personnel.

In World War II, with its vastly greater numbers, its longer duration, its continuing period of occupation, who can estimate the final cost to the people of the United States?

Women cannot avoid translating this into terms of other services which could be bought with the same sum of money. What if all this were available for education? for social advancement? for preventive services? for recreational facilities? We cannot avoid speculating on the results in happiness and well-being of these same people, if the costs were assumed for such expenditures rather than for patchwork measures. As citizens, women look forward to the time when tax dollars can be spent efficiently and positively for services rather than negatively for remedy.

Youth Must Have Health

Women are deeply concerned with the health aspects of the social hygiene problem. Since they are the natural guardians of the health of the family, the amateur doctors and nurses in the home, this cannot help but be true.

Again we are first concerned with individuals who may have been affected. We need not be too close students of trends to realize that in order to compete in the present and in tomorrow's worlds, the individual needs health and strength. Despite the fact that we live in a highly mechanized age, it is true, though paradoxical, that the stresses and strains of living become greater and greater. Physical fitness is still a tremendous factor in the work world, in the business world, in the professional world. Anything which menaces health, menaces the individual's chance of success in the highly competitive business called life.

Youth, then, must be given health, strength, vigor; and it is the duty of the home to provide these in as large measure as possible. That is primarily woman's responsibility. Youth needs to be warned that venereal diseases decrease life expectancy; that they sap vitality; that they affect mental processes; that they cripple, disable and kill. Youth must be taught that venereal diseases can shatter body and mind; that they leave in their wake disease and sorrow; and that they may mean a hopeless future. This warning, too, is largely women's responsibility.

The family is also tragically affected by the health of one of its members. There arise many complex problems; the lives of all feel the impact of the suffering of the individual; the health of the others is endangered. The victims of disease must be given treatment and care; the family is deprived of the support and the security to which it is normally entitled. There is no exaggerating the blasting effect of venereal diseases upon the family group. The woman in the home cannot escape the demands of the family crisis. She must recognize the needs thus created; she should assume leadership in the effort to meet this crucial problem.

The community also must deal with the tragic results of this breakdown in health. A revolution has occurred in our national attitude toward health in general. We have begun to see that one's physical well-being is no longer one's own concern alone. In a democracy this is a self-evident truth.

The success or failure of such a system of government as ours rests upon the will of the majority. It takes its character from the composite character of the citizen group. Its progress, its defense, its

wealth, its welfare are joint responsibilities. Under such a governmental pattern, each of us is dependent on the reactions of all the rest of us. What we think, what we aim toward, what we do, vitally affects the welfare of the entire group. How fit we are to assume the duty of thinking, planning, acting for the advancement of the common good, is the business of all our fellows.

If the nation is to have healthy young men and women, if our youth is to be kept strong, if as a country we must depend on their vigor, it is our duty as a country so to educate them, and so to control their environment that they will not be tempted to endanger that strength, that vigor. The community, therefore, dares not blink at the facts—facts must be faced.

It is of deep importance to the general public that there are five times as many reported cases of syphilis as of tuberculosis; that there are 250,000 reported new cases each year. It is of great public concern that around 50,000 (five full army divisions) of the first million men examined for selective service, were rejected because of infection. From civilian life, from American homes of all social levels, these men came. They were a cross-section of our male population. The fact was forced upon our consciousness that the problem is not confined by geographical limits, or by social register lines. The results of these examinations are an indictment of motherhood and of our homes. It is an indictment of our system of education which ignores the need for training for parenthood.

It is of great public significance that illness and disability due to the venereal diseases cost the community more man-days of work than all our strikes, lock-outs and other labor disturbances.

These facts are vital to community welfare. They must be reckoned with by all citizens, including women, by the mothers and fathers in the home, by local, state, and national governments, all working together toward a solution to the vexing problems involved.

The Search for Underlying Causes

Women are interested in the social hygiene program because of its great social implications. It is foolish indeed to consider conditions only and seek to combat these without determining and dealing with underlying causes. These causes are deep-seated and complex. They are psychological, educational, and are all entwined in the tenets of our social system.

We know that slum areas are focal points for infection; that they are breeding grounds for crime, juvenile delinquency and disease. We recognize that poor housing, economic insecurity, low income, and lack of cultural and recreational opportunity are all a part of the same sorry business.

It is understandable that studies show the majority of girls arrested have had bad home environment; that education has been neglected, and that opportunity was not promising. They have not had the affection and understanding they craved; they have not had happiness and satisfaction in family relationships; they have not been allowed to develop normally in a normal atmosphere.

We realize that our present national attitude toward marriage and divorce enters into the picture; that broken homes cannot be eliminated from the list of causal factors. We know the easy give

and take of modern manners among young people is not free of blame, and that the ease and speed of movement from place to place must also be arraigned.

We are aware that modern life has increased the old tensions and created new ones for people of all social and economic levels, and at the same time has loosened and even removed many of the old restraints.

All these facts add to the responsibility of the citizen and mean that much work needs to be done on causes before we can hope for success in curing symptoms. Such conditions are of peculiar concern to women, and are peculiarly susceptible to the influence of women. In the field of social ills therefore, women cannot fail to share in responsibility, and they must participate in seeking solutions.

Women as Citizens

Of concern also to women are the political and legal aspects of this problem. If we hope to eradicate the menace of venereal disease, the legal arm of government must assist and support health and other agencies. In order to control the spread of these diseases, there must be enforceable laws; there must be a police department adequately manned with properly trained personnel. There must be determination on the part of the executive and judicial branches of government. There must be active, interested support by all citizens.

Women know the difficulties inherent in this field. They know that powerful interests must be combatted. They realize that very great financial considerations are involved. They understand that all the old and fallacious arguments against strong laws and relentless enforcement will be brought to bear. They long ago learned that persons entrusted with the making and enforcement of law are the perennial targets of these selfish interests; that persons who hope for gain are extremely vocal, and are able to add to their own arguments the pleas of some honest but mistaken men and women bound by tradition and by ignorance. Women do not underrate the strength which can be mustered by these forces. They realize, however, that public servants are responsive to public sentiment. The answer lies then in an aroused public opinion; in becoming as vocal as is the opposition; in bringing to bear an even greater strength than is theirs. By supporting those officials who desire to perform their duties properly, by bringing about the defeat of those who are patently allowing personal profit and private considerations to outweigh public duty, we prove that after all, we are the masters of our destiny.

Home, School and Church—Fountainheads of Character

Perhaps the interest of women is keenest when the moral and spiritual aspects of this problem are being considered. This stems from their peculiar accountability for the moral health of the family. They confess that the present situation does not do honor to their stewardship in this regard. They are willing to admit their failure to meet their responsibility or to exercise their privilege in this matter. They know that they have permitted taboos and false modesty to prevent frank and open discussion with their children.

Women's organizations have adopted the elementary facts of social welfare procedure as guiding principles in their programs. They

have asserted that the victim is first of all a patient, should be treated as such, and not as a social pariah or a criminal.

At the same time, they feel it cannot be denied that, in a majority of cases, the physical illness comes as the result of bad conduct, of the practice of an illegal act. It seems to some of us that the guilt angle has been played down too far and that the time-proved fact needs acceptance—that where guilt exists, its acknowledgment is a salutary point from which to expect lasting reform.

While freely admitting the desirability of keeping the most up-to-date facilities for treatment available; while grateful that by these methods, many cases are prevented, and others are restored to health, we contend these means alone do not reach the core of the problem.

There is evident a strong feeling that character development is the only way whereby the cause, not the result, can be effectively attacked. A fundamental conception of the dignity of man, the sacred character of the human body, and a self-mastery worthy of such a conception is basic to a program of prevention. Wholesome sex knowledge, decency as an accepted standard of conduct, proper regard for the marriage relationship, cleanliness based on the idea of continence, and stability under temptation are qualities which should be inculcated into youthful character.

The home, the school, the church are institutions which civilization has developed to meet its obligations to youth. They are the fountain-heads of character. In the home, the school, the church, women find their influence at its height. This part of the social protection program, therefore, challenges them particularly. It is a fundamental problem which they can, and will help solve. I believe that women, as never before, are determined to place their combined strength into this fight; that they can be counted upon as individuals, as members of organized groups, and citizens, to support all agencies, all groups with similar aims and purposes.

Someone has said that there is no force greater than a magnificent idea. Certainly there is no responsibility so great as that which comes of having been a part of a worthwhile movement. Hope, relief, happiness, once promised, must be produced before the sponsoring parties can be free. Those of us who have been concerned with this particular movement cannot claim weariness, discouragement, or new interests as reasons for retreat. Until the efforts of private agencies, interested individuals, and government bureaus have been firmly welded into a unified attack, until that attack has been successfully launched, we shall not have kept the faith.

If we do our work well, others who come after us will feel the urge which has been ours, and they will accept the responsibility for carrying forward the movement we have begun. That feeling of obligation to complete an eminently worthwhile effort no matter who began it is expressed by the poet Wordsworth:

“I made no vows
But vows were then made for me.
Bond was taken, all unknown to me,
That I should be, else sinning greatly,
A dedicated spirit.”

WHAT RADIO CAN DO FOR SOCIAL HYGIENE

J. REAGAN "TEX" McCRARY

*Radio Commentator for the National Broadcasting Company **

Dr. Wilbur, ladies and gentlemen: You have some very able people working with your Association who know the mechanics of radio and the mechanics of newspapers. I am going to try to help them do their already excellently done job by attempting to explain a little to you here, so that you can support them, something about the mechanics of public opinion.

As a guy who got his early training on a big tabloid newspaper, I learned one very fundamental rule. That is, that only bad news is big news. If an airplane crashes and kills fifteen people on board, that's headlines in every paper, including the *New York Times*.

However, if a hundred airplanes arrive safely at LaGuardia Field and deposit their passengers comfortably, that's not news at all. It gets not a line in the paper.

The death of any king is bigger news than the birth of any crown prince. Divorce is bigger news than the fact that somebody—no matter how much you like him—has been happily married for twenty-five years.

On this particular tabloid, which will be nameless, I tried an experiment once for one very hectic week. I ran a page and I just put up at the top of it: "Good news today." Then I put everything, including anniversaries, on that page. We then conducted a survey to find out how much reader traffic crossed that page.

Well, of course, you know the answer. It was the lowest traffic on the paper, so we dropped it at the end of a week.

However, you must understand certain things. The power and technique of headlines is the power and technique of shock treatment. That's a technique that the American Social Hygiene Association has used and can continue to use effectively against venereal disease, against divorce rates, against all the forces and factors and influences that destroy family life in America.

When you deal in shock, you have to make certain compromises. The larger the audience with which you are dealing, the larger the audience that is your target, the greater the compromise. I will again return for illustration to the nameless tabloid. I got a wonderful

* And originator, with his wife, Jinx Falkenberg, of the popular morning program *Hi Jinks!* This address was given at the Annual Meeting of the American Social Hygiene Association, New York, February 5, 1947.

story once about an abortion racket in Brooklyn. I was interested in it because I knew it would sell newspapers.

However, the props were kicked out from under the story because I was compelled to describe an abortion as an "illegal operation." In the same tabloid, we could never refer to a lady as having been raped. We had to say that she was "attacked." Syphilis and gonorrhea in the same way became "social diseases" or "VD".

There is a tendency to sugar-coat. You have to do it. The larger your audience, the more you have to do it. It is a very human tendency.

I have one funny story, and only one I promise you. I was in a hotel in Washington. I had just come back from three years in Europe and a year in the Pacific. I had my first bath and my first bed and white sheets and I really looked forward to it. Just as I started to go to bed, I discovered a familiar insect. I was really unhappy to have spent four years away and come back to a fine hotel in Washington and discover this familiar insect.

I called up the management. I said, "Please give me the house-keeper." They said they would and they sent her right up. A very distinguished elderly Scotch lady came in and said, "What is the trouble?"

I had this little fellow on a pillow and I was carefully rolling the pillow around in order to keep him there until she showed up. (*Laughter*) I shoved the thing under her nose. She looked at it and nodded. She took out her notebook, made a note, picked up the telephone and asked for an extension. She said, "Operator, give me extension 467." Somebody answered at the other end. Then she said, very haughtily: "This is Mrs. Cunningham. I want to report 'Beebees' in 486." (*Laughter*)

We have had some experience—Jinx and I—in this necessity for compromising, for calling things by a nicer name. Your organization came to us and asked us to help out as best we could in your campaign here in New York City for funds and for a general public enlightenment on your problems. We tried to do it. We wanted to put on your program, make it a crusade, the way you can with a newspaper.

Well, we went to the highest, to the top, to the lofty inner sanctums of NBC, to thrash this question out as to whether or not we could discuss venereal disease between 8:30 and 9 in the morning over WNBC. Finally, we arrived at a compromise. We could say, between 8:30 and 9 on our program, that between 9 and 9:30 there would be a program discussing social diseases, and on that program between 9 and 9:30 I could appear, but Jinx could not.

That may sound ridiculous to you, but you must all realize that these are facts of life that must be faced and solved if you, as an organization, are going to do a job of mass education. And believe me, it is a job of mass education.

I believe that radio is a right, a proper, an effective—the most effective medium—for shock treatment. Mr. Orson Welles and the crime dramas on the radio, that you try to keep from your children, are ample proof of what I say. Radio is effective for shock treatment, but shock is only half the job. Education must follow, mass education.

In using radio, there are six rules you have to follow in order to use it effectively, and these rules, I think, you should all understand, first because individually you are targets for it; and second, because you must understand them to support the people within your organization who are trying to use radio:

The first thing you must do is to make people listen. That's shock, but you have to *keep* them listening. That's interest.

The third thing you have to do is to make people understand.

The fourth thing you have to do is to make people believe.

The fifth thing you have to do is to make people remember.

The sixth thing you have to make people do is to want to do something.

Then you pull out all stops. You use the motives of fear, envy, pride, all the things you use to make people do something, but all six of those things have to be done. You cannot leave out any of them and you cannot reverse the order. All of them have to be done, and in that order.

Jinx and I have tried to learn radio, to use radio effectively for your organization, for organizations like B'nai B'rith, the Anti-Defamation League, all the organizations that are dealing in influencing public opinion at the nerve center of the nation, which is New York City. I think you all realize New York City does fill that function in this nation. The labels, the popular songs, the styles, everything begins here.

Besides those six rules, we tried to learn to obey and understand two other rules, two rules that I think you people can think about to advantage, to your advantage. We operated on the theory that people are generally liberals in the morning and conservatives at night. (*Laughter*) We operated on a second rule that if you educate a man, you educate an individual. However, if you educate a woman, you educate a family. That is the reason we operate between 8:30 and 9 in the morning. The woman has just gotten rid of her husband. She hasn't yet had to take up the duties of running the house and getting it ready for him to come home a conservative at night, and so she has about a half hour in which to listen. That's when we sneak up on her. We entertain half the time and then, when she is not looking, we slip in something we would like her to remember.

But one thing is terribly important, not from our standpoint, but from the standpoint of all the people on all the radio stations, and on

all the newspapers who are trying to do a good job. The larger the medium that is being used, the more tendency there is on the part of the people who own it or control it to yield to ignorant and angry critics.

It is another tendency of human nature for people who don't like something to write a letter to the boss. People who do like something accept it and do nothing about it. However, it is terribly important that people who do find in newspapers and on the radio and in the movies all the implements of mass education to look for those who are doing a good job, and to realize that their opportunities to continue doing a good job are based largely on the good will of the management, and the good will of the management is too often too timid.

Just remember this tendency: That approval is rarely expressed and disapproval is often and quickly expressed. You can carry that over into public life. The other thing that Jinx and I have learned and try to remind people of is that the bums are elected to high office by the intelligent people who are too lazy to vote. If you will try to understand the mechanics of mass education, the people on the staff of the American Association for Social Hygiene will enjoy your support and will be able to do better a job that tremendously needs being done.

Some Radio Statistics

Thirty-six million homes, or 93 per cent of all American homes, have radios, 52 million of them. One out of every three families have two radios. One out of five families bought a new radio in 1946. . . . Total listening time per day has increased 4 million six hundred thousand hours, or 525 years. . . . Each family having a radio spends 3 hours and 45 minutes per day listening to it. . . .

from a report by the Columbia Broadcasting System

WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED
SERVICE TO HUMANITY IS PRESENTED TO
SIR SIDNEY WEST HARRIS

In selecting the 1947 recipients of the Snow Medal and Honorary Life Memberships the Association's Committee on Awards again recognized the continuing importance of international social hygiene cooperation.

Of the six persons proposed for Honorary Life Membership, two, Mr. Bernard Flurscheim and Mr. Antonio Bermudez are from France and Mexico respectively, and to receive the Snow Award the Committee chose Sir Sidney West Harris of London, who has been long identified with national and international efforts against commercialized prostitution and in behalf of the welfare and protection of children and youth.

Presentation of the Medal was made, as in previous years, at the Annual Luncheon Meeting, by Dr. Wilbur. A photograph of the Medalist, the citation and biographical notes as they appear in the frontispiece of this number of the JOURNAL, were printed in brochure form as a souvenir of the occasion for luncheon guests, and for the information and interest of friends not able to be present.

In Sir Sidney's absence, due to an emergency surgical operation which occurred just before he was scheduled to leave England to attend the January meeting of the United Nations Social Commission, Mr. H. M. Phillips of the United Kingdom's delegation to the UN, ably accepted the Award on his behalf.

Handing Mr. Phillips the Medal, struck in bronze instead of silver for the first time since the war, Dr. Wilbur said:

"There is ample evidence that social hygiene problems are world-wide problems. Even in the case of the so-called venereal diseases, we find, with the air-plane, that the world is a unit, and that what goes on in any part of it is now of immediate concern to every other part." Mr. Phillips' interesting remarks follow:

REMARKS IN ACCEPTANCE OF THE SNOW AWARD ON
BEHALF OF SIR SIDNEY WEST HARRIS, BY

H. M. PHILLIPS

*Counsellor for Economic and Social Affairs to the United Kingdom
Delegation to the United Nations*

It is a very great privilege to me, Mr. Chairman and ladies and gentlemen, to be here today and to receive from your Association, on behalf of Sir Sidney Harris, the William Freeman Snow Medal for Distinguished Service to Humanity.

I know that my privilege of being here springs from a very deep disappointment to Sir Sidney himself. I saw him in London a week or two ago and I know how greatly he feels honored at being singled out by this great Association of the United States, this great national organization, to be added to the very small number of distinguished men and women who have received this Award. Among these is Dr. Snow himself. Although he does not appear on the list here, he appears on the Medal itself.

Sir Sidney, I know, would want me to make a special reference to Dr. Snow and Mr. Bascom Johnson. He was a member of the Special Body of Experts on Traffic in Women and Children of the League of Nations of which Dr. Snow was Chairman and Mr. Johnson, Director of Investigations. Sir Sidney received constant help and advice from them and derived a great deal of inspiration from this Association. I know he would like me to say a special word of gratitude.

Sir Sidney himself is very well aware of the great work which this organization has done. For over 33 years the American Social Hygiene Association has been in the forefront of the fight to promote social hygiene and abolish social disease and distress. Your Association has given freely of its resources and trained workers to protect the health of the military forces in both World Wars, and this has been a substantial contribution to victory.

You worked successfully during the years of economic depression to maintain the ground won and the practical achievements attained in the period after the First World War. I understand that your policy now, after the disorganization of the second war, is to embark upon a great practical program to hold the gains that have been made and to make further progress. I listened with great interest to what your Chairman said about your attention to the whole problem of family life.

Your organization has not in the past confined its work to national boundaries. Therefore, I take a special interest myself, as part of one of the permanent delegations to the United Nations, in the work of your Association.

If I may, I should like to say a word about the steps taken by the United Nations to carry on the work in this field which the League of Nations previously carried on and to which, as I mentioned, Dr. Snow made such a profound contribution himself. Sir Sidney Harris, as you will have seen from the folder before you, has been in this field for a long time and he has made his contribution in a quiet but very distinguished way of his own.

Sir Sidney began his official life in, I think, 1908, as private secretary to a very young Home Secretary—a certain Mr. Winston Churchill—who was later to influence the destinies of the United Kingdom. From that step, he went onward through successive stages of being secretary to various cabinet ministers, and then he settled down to his real task in life, which was to promote the better-

ment of the treatment of young offenders and children and also the abolition of social distress and the promotion of better conditions of social welfare. He has served as a member of many committees and commissions dealing with different aspects of social welfare.

In the United Kingdom we are ourselves embarking on a great social program. You have heard of our social security measures, of our national insurance act and our program for improving the national medical service. Sir Sidney Harris has contributed to the development of this work.

In the international field, as I say, his chief contribution has been on this question of the control of commercialized vice and the abolition of prostitution as dealt with by the League of Nations. He has also contributed much to the international control of dangerous drugs.

The mantle of the League of Nations has now fallen in this respect upon the Economic and Social Council of the United Nations. Sir Sidney Harris has attended here himself, in New York, all of the meetings of the Economic and Social Council so far and he has played his part in the creation of the Council's Commission on Narcotic Drugs and the Social Commission.

Because of his enforced absence I have been taking his place on the Social Commission in its recent session, and it may be of interest if I just say a word as to the progress this Commission has made. The Commission ceased its work yesterday. The first session, as is natural, in setting up a new organization, has concerned itself to a very large extent with questions of organization, but it has laid down some very sure foundations for future progress.

The existing conventions concerning the traffic in women and children and the suppression of obscene publications will be transferred to the United Nations from the League of Nations, and the draft conventions prepared by the League just before the war are to be examined and brought up to date and improved for early presentation to the various national governments for signature. The League studies in methods of the prevention of crime and the treatment of offenders are being resumed out at Lake Success and an inquiry is being made into the possibilities of further international action, which will be put before the Commission when it reassembles in July.

A unit of the United Nations Secretariat is being created to collect and publish information on housing, which has an important effect upon social foundations. However, perhaps the most immediate, effective and practical part of the Commission's work has been in the field of welfare, and especially child welfare. The Commission has laid down the principles on which the International Children's Fund should work and it has laid down a program for action by the United Nations to carry out the valuable work which UNRRA has been carrying out in the welfare field.

This concerns the technique of rehabilitation, of bringing assistance to disabled people, and the provision of trained welfare experts to

help the governments that have suffered from the war build up their social services once again. All this, we recognize at Lake Success, is only a start and we have much more to do.

Sir Sidney Harris' experience has been badly missed in this Commission. He hopes to be present at the next meeting and I know that he will derive great inspiration from having been given this Award, which I shall treasure in the short time in which it will be in my possession, and I shall take it back to him and give it to him with the feeling—which I know he will share—that this is a great and generous gesture from this Association which he will always cherish. (*Applause*)

CERTIFICATE OF AWARD AS PRESENTED TO HONORARY
LIFE MEMBERS

THE AMERICAN
SOCIAL HYGIENE ASSOCIATION



AWARDS
HONORARY LIFE MEMBERSHIP

To

Committee on Awards



NEW HONORARY LIFE MEMBERS FOR 1947

As elsewhere stated, the Association's Committee on Awards proposed for Honorary Life Membership this year six persons who have made outstanding contributions in social hygiene progress in three countries. Four of these awards were presented at Social Hygiene Day meetings in the United States, as recorded and printed in small brochures for circulation at the various meetings here.

International unity in social hygiene work will be further emphasized by the presentation of a fifth Honorary Life Membership, to DR. ALBERT J. CHESLEY, State Health Officer of Minnesota, at a Joint Meeting of the Conference of State and Provincial Health Officers and the Canadian Public Health Association, planned for May 20, at Quebec.

The sixth Honorary Life Membership for 1947 is to be presented at a time and place to be chosen, to MR. ANTONIO BERMUDEZ, Petroleum Administrator for the Republic of Mexico, and as a former Mayor of the City of Juarez, State of Chihuahua, responsible for the successful wartime program in repression of prostitution and reduction of venereal diseases in that border town.

Honorary Life Membership for BERNARD H. FLURSCHEIM, of New York and Paris, long and well-known in the United States and internationally for his work in behalf of family health and welfare, was awarded at the Association's Annual Luncheon Meeting on Social Hygiene Day. The Citation read:

BERNARD H. FLURSCHEIM

B.A., B.Sc., B.Ph., Ph.D.

A few bits of the life-mosaic of this skilled craftsman in building human health and welfare declare the whole fine pattern:

. . . A nine year old boy exhorting the Mayor of New York to free Ireland. . . .

. . . A young man serving in the French and American armies during World War I; decorated by both nations. . . .

. . . The planner and executive, helping to reorganize Red Cross work on a peacetime basis in Europe and providing for homeless children on the war frontiers; undertaking the financing, planning and building of the great Marshal Foch Memorial Hospital for "white collar" workers. . . .

. . . The patriot, in the fearful first days of World War II evacuating civilians from the war zone in France, later aiding the comfort and welfare of families in bombed-out Europe. . . .

. . . The worker for social betterment, through twenty-five years of voluntary service finding time to advance the interests of social hygiene, along with those of cancer control, tuberculosis eradication and other movements for improving health and preventing disease.

Born October 25, 1878 in New York, one of six children whose ancestors arrived in America from France in 1789, Mr. Flurschein first visited Europe at the age of ten with his father, a pioneer in establishing a European office for his New York drygoods business. Educated at the Ecole Monge, Sorbonne University and the School of Medicine in Paris, the youth found his greatest interest in writing and travel. A novel written and published before he was twenty-one, led to a two-year assignment in the Far East for *l'Echo de Paris*, leading daily newspaper.

A business career in New York with his father claimed his time from 1903 to 1913, and his literary work was again interrupted by the outbreak of World War I in 1914. Enlisting in the French forces, he transferred to the U. S. Army in 1917, serving until August, 1919, rising to Major and receiving a Distinguished Service Medal citation for "exceptionally meritorious and distinguished service."

Marrying, in 1919, Adele Edmonde Gerardeaux of an old family of the Nivernais Department of France, Mr. Flurschein has continued to make his home in Paris. Today he is in his home country en route to a year in the other American republics on behalf of various international health and welfare activities, including social hygiene.

Mr. Flurschein's service to progress in health and welfare has been expressed especially through his numerous unique ideas and original methods for launching and financing civic and social work, and for educating the public to the use of the facilities available. Among these may be mentioned:

. . . To draw attention to Paris prenatal and postnatal clinics, he obtained permission from the Bakers' Union to post behind the cashier's cage in bakeshops, where French mothers would notice in the daily bread-buying, clinic names, addresses and hours. . . .

. . . To make known the advantages of the new Social Security Laws, he secured from the Letter Carriers' Union the privilege of publishing the laws' text with advice on maternal and child welfare, on twenty million Christmas calendars presented to French families by the postal authorities. . . .

. . . To awaken public consciousness on the need for equipment of French scientific and research laboratories, he engineered a plan for a series of newspaper articles calling for public contributions of an hour's pay. Eighteen million francs were raised in this way. . . .

. . . Fighting against quacks advertising on Paris walls "sure cures" for venereal diseases, after failing to persuade the Municipal Council to suppress the advertisements he bought up the advertising concern's fifty-year concession and replaced the quack ads with a list of free VD clinics offering competent treatment. . . .

. . . He "anged" a play *The Mortal Kiss*, dealing with the dangers of venereal diseases, and financed a continuous run throughout Europe, including the small communities, for five years. (With the French author Loic Le Gouriadec, he also wrote a play about tuberculosis, *To Live*, which toured France and Belgium for two years and has recently been translated into Spanish.) . . .

In the field of social hygiene, Mr. Flurschein has been steadily active throughout his career. He helped to found the International Union for Combatting Venereal Disease when that organization was set up in 1923, and has served continuously since then as Treasurer. As invariably occurs, his social hygiene interest and experience have colored his attitude and activity

in whatever field he works. In his efforts through his French organization, *Save the Mothers and Babies*, now twenty-five years old; as one of those actively concerned with the work of the League of Nations Child Welfare Organization; as a founder of the Social Worker's League of France, and in many other of the forty-three organizations of whose governing boards he is currently a member, he has promoted social hygiene principles and has aided social hygiene progress, not only in France, but throughout the world.

Many honors have come to Bernard Flurschein. From Sorbonne University he holds degrees in the Arts, in Science and in Philosophy. He is a Commandeur of the Legion d'Honneur. He has other decorations. To these the Committee on Awards now desires to add, as a memento of this visit to the land of his birth, and as a token of appreciation for services past and to come, Honorary Life Membership in the American Social Hygiene Association.



EDITH ADAMS RITCHIE



BERNARD H. FLURSCHEIM

In accepting the award, Mr. Flurschein said:

The man who devotes himself to work for humanity seeks no award beyond that of the work itself. He does not look for public official recognition. He does not even expect that portion of humanity which he assists to be appreciative. He finds solace and contentment in Ralph Waldo Emerson's philosophy: "What we are born is God's gift to us. What we become is our gift to God."

This honorary life membership in the American Social Hygiene Association is both an unexpected bonus and a great honor, for which I am truly grateful. It urges me to higher and larger goals and to continued service in our fight against social evils. May I address my deepest thanks to your Association for today's presentation.

Honorary Life Membership was also conferred at the New York meeting on MRS. HORACE B. RITCHIE, of Athens, Georgia, long prominent in the health and welfare programs of the General Federation of Women's Clubs and since its organization in 1943, Chairman of the National Women's Advisory Committee on Social Protection. The Citation said:

MRS. HORACE BONAR RITCHIE

A.B.

In the late 'nineties, a popular gift for little girls was a bulky, gilt-lettered volume with the intriguing title *What Can a Woman Do?* Within its handsomely bound covers some enterprising publisher, no doubt spurred by female members of his family or staff, had brought together an impressive collection of inspirational and factual accounts of women's influence and achievements in the world's work, from Cleopatra and Caesar's wife down to Doctor Mary Walker and Susan B. Anthony. And what they had done, the eager reader learned, was but a tiny foretaste of what a woman might later do for self, sex and race, as civilization progressed, and the feminine contingent added to kitchen and nursery supervision activities in the office, the counting-room and the balloting booth, or assumed her place on the lecture platform, in parliamentary halls, or on the judge's bench.

Many a pig-tailed youngster went wide-eyed at the glorious vista opening up before her generation, and then and there highly resolved to have and do her share. Whether Edith Ritchie was one of these, the record does not state, but certainly the life-story and accomplishment of this outstanding woman leader rank with the best that any ambitious girl-child could imagine for herself, then or now.

Born near Greensburg, Indiana, the daughter of James Simpson Adams and Florence Littlepage, her early days were spent in Georgia and her education received in the Georgia schools. She graduated from Piedmont College, Demorest, Georgia, and later did graduate work at the University of Georgia at Athens. Her marriage to Horace Bonar Ritchie, now Professor of Education at the University, has brought her a full life of duties and pleasure as wife of a faculty member and mother of Horace Bonar Ritchie, junior, lately an Air Corps officer and now in Washington, D. C., as assistant solicitor in the Department of Agriculture. Two grandchildren are Margaret and William Ritchie.

Early in her adult life, Mrs. Ritchie began to accept responsibility for efforts towards civic and health improvement. She has served in many capacities with organizations in these fields, at both state and national levels. As President and Director of the Georgia Federation of Women's Clubs, her capabilities came to the attention of the General Federation, which made her first its Secretary, then its Chairman of Public Welfare from 1941 to 1944. Currently she serves as Chairman of the Federation's Committee on Resolutions, and in this capacity has secured and recorded support of this powerful women's organization—representing three million American homes—for most

of the important and worthwhile programs and projects needing public endorsement in recent years.

It was as the General Federation's Chairman of Public Welfare that her keen interest in and deep concern for problems of health and welfare first received national recognition. Exercising her ability as a writer, she prepared a series of pamphlets on various aspects of the problems in these two fields, including background studies and suggested club activities in cooperation with health and welfare agencies. Health and welfare officials, and organizations generally throughout the country, as well as club groups especially, gave these practical program helps enthusiastic recognition.

The American Cancer Society's Field Army, since its inception ten years ago, has counted Mrs. Ritchie among its most efficient leaders. She has served as Commander of its Georgia Division, was for a period Acting National Commander in the Society's New York headquarters, and is now Commander of the Army's Southeastern Region, with supervision of the program in twelve states. A woman of keen and discerning intellectual powers, possessing a dynamic personality, a rare gift for organization, and brilliant ability as a speaker, she has made the Southeastern states outstanding in the work of cancer control.

Her services to social hygiene have been many. Her assignment as Public Welfare Chairman of the General Federation of Women's Clubs occurred at a time when the utmost resourcefulness and ability of all concerned with health matters were being called upon, in order to take advantage of the new opportunities for conquering venereal diseases which opened up in Surgeon General Parran's nation-wide drive via official health efforts, and the American Social Hygiene Association's leadership of voluntary support.

The splendid contribution made by Mrs. Ritchie to progress in these years has been reinforced by many later instances of cooperation and leadership in social hygiene matters. The best known, and one of the most effective to date, is perhaps her Chairmanship of the National Women's Advisory Committee on Social Protection. At the request of the Federal Security Administrator, she has been since its organization in 1942, head of this influential group, in which some thirty national women's organizations with a combined membership of twenty-four million, are represented, and which has had an important part in backing up state and community police and welfare officials in their efforts to repress commercialized prostitution, prevent delinquency, and guide those involved in these difficulties back to normal living, and in general working for establishment of conditions encouraging high standards of sex conduct in personal and community life. She has been urged to continue this office during the transition period.

In recognition of these valuable services to social hygiene progress, and in token of her obvious right to the distinguished title of "representative American woman," the Committee on Awards is pleased to confer on Mrs. Ritchie at this time Honorary Life Membership in the American Social Hygiene Association.

Mrs. Ritchie's address on this occasion, *Why Women Are Interested in Social Hygiene*, appears on page 102 of this issue.

At a Social Hygiene Day meeting sponsored by the Kansas City Social Hygiene Society on February 5, the Reverend Alphonse M. Schwitalla, S.J., of St. Louis, was guest of honor and chief speaker. An Honorary Life Membership in the Association was presented to him at this time by Dr. B. Albert Lieberman, Jr., President of the Kansas City Society, on behalf of the Committee on Awards, the citation reading as below. Father Schwitalla's address on Ideals in Social Hygiene following the award ceremony, will appear in an early number of the JOURNAL.

ALPHONSE MARY SCHWITALLA, S.J.

PH.D., LL.D., Sc.D.

A statement once made by Father Schwitalla concerning the province of the Church which he represents may serve also as a commentary on his own philosophy and work:

"... the Church has something to say about every science and art, every government and every human enterprise, namely this; that she has consistently, unswervingly and uninterruptedly, from her beginnings to the present day, taught the basic truths upon which human relations must rest, and as a necessary corollary has taught the basic principles and motivations for human conduct . . ."*

Although his chief training, aside from that of clergyman, is officially stated as "biologist," there is hardly an area of health and welfare work with which he has not been concerned in a variety of ways.

Thus, while he has been Dean of St. Louis University's School of Medicine since 1927, and is naturally called upon to take part in the programs of numerous organizations and enterprises dealing with medicine and medical education, at the same time he has been active in efforts to advance hospital administration, nursing education, dental education, public education regarding health, medical social work, prevention of blindness, work for crippled children, and social hygiene.

Editor of *Hospital Progress* since 1928, and more recently editor of the *Lineacre Quarterly*, he is also a frequent and valued contributor to other professional periodicals, as well as a speaker before groups in his field of interest as often as he can accept engagements.

A few of Father Schwitalla's current assignments aside from those already mentioned, are:

President, Catholic Hospital Association of the United States and Canada (since 1928)
Moderator Federation of Catholic Physicians' Guilds, 1945-

Chairman, Sub-committee on the Establishment of a Medical Corps in the Veterans' Administration

Chairman, Sub-committee to Confer and Cooperate with the Veterans' Administration concerning Educational Assistance for Veterans (the GI Bill), and a member of the Sub-committee on Approval by the Governors of Institution Approved for the Education of Veterans under this Bill

* *The Application of Catholic Philosophy to the Venereal Disease Program*, a talk given before the Health Committee of the Kansas City Council of Catholic Charities and published in the JOURNAL OF SOCIAL HYGIENE, February, 1943.

Chairman, Sub-committee on Professional Education, Problems and Plans Committee, American Council of Education (since 1939)
Chairman, Sub-committee on Surplus Medical and Hospital Supplies
Secretary, Sub-committee on Medical-Dental Relationships Committee on Dental Research, American College of Dentists and an Honorary Fellow
Member, Advisory Council, National Organization for Public Health Nursing, and of the Advisory Committee on the U. S. Nurse Cadet Corps
Member, Council on Medical Education and Hospitals, American Medical Association (since 1938) and of the AMA Committee on Postwar Medical Service.
Member, Advisory Board on Health Services, American Red Cross.

His memberships and affiliations with societies and committees in these and numerous other fields of work for human betterment indicate the scope of Father Schwitalla's interest and endeavor, which has been further broadened by travel in the United States, Europe and Central America. His greatest achievement, however, added to full consciousness of his duties as priest, administrator, teacher, writer and counselor, is perhaps in remaining a thoroughly human and humane individual whose mind embraces a deep and wide culture in the arts, whose heart has room for the amenities of daily life and the enjoyments of friendships, and whose penetrating wit and genial humor warm and enliven any company which he may grace.

Born in Beuthen, Upper Silesia, Germany, in 1882, the son of Peter J. and Pauline Welzel Schwitalla, the child who grew up to be Father Schwitalla was brought to the United States at the age of three years. His first collegiate study was in St. Louis at the University where he now is a faculty member. Bachelor and Master degrees in the arts there, were followed by the study of Theology at the University's School of Divinity (1912-1916), and in 1921 he received a Philosophy Doctorate in zoology, with election to Phi Beta Kappa, at Johns Hopkins University. Since then he has received the degrees of Doctor of Laws from Tulane University and of Doctor of Science from Lawrence College.

He became a member of the Jesuit Order in 1900 and was ordained a priest of the Roman Catholic Church in 1915. He entered the teaching profession in 1907 as an Instructor in Chemistry at St. Xavier College, Cincinnati, Ohio, and after serving there and at Rockhurst College, in Kansas City, in 1921 joined the faculty of St. Louis University as Associate Professor of Biology. Since 1924 he has been Professor of Biology and Director of this Department, and in 1927 became Dean of the School of Medicine. Meanwhile he served also as Dean of the School of Nursing from 1928 to 1940, a Regent from 1940 to 1944, and a Regent of the School of Dentistry from 1924 to 1944.

A Knights of Columbus Chaplain in the First World War, Father Schwitalla is a Major in the Chaplains' Reserve, U. S. Army, and a member of the Chaplains' Association of the Army of the United States. During World War II he served as a member of the Council on National Defense Health and Medical Committee's Sub-Committee on Hospitals.

Father Schwitalla's training in biology and his wide interest in humanity led him naturally to lend his aid to the social hygiene movement. He has been a member of the Missouri Social Hygiene Association's Board of Directors since 1930, and was this society's president from 1930 to 1932.

He became a member of the American Social Hygiene Association in 1927, and since then has continuously served as a Committee member, and as a member of the Board of Directors since 1938. He has made an outstanding contribution to the establishment of standards and the spreading of public education for the prevention of venereal diseases through his membership on the United States Public Health Service's Advisory Committee to the Surgeon General on this subject. He is a member of the Federal Security Administrator's National Advisory Committee on Venereal Diseases and Social Protection. His writing, lecturing and counseling on social hygiene have helped greatly in the general advancement of the program, and especially in presenting the Catholic viewpoint on social hygiene work. His clear insight and practical application of his religious faith to social hygiene problems are revealed by another quotation from his share of a recent public discussion:

"The total personality of an individual includes more than his intelligence, no matter how much importance we wish to attach to intelligence. Character is more than intelligence. Right living demands more than right thinking; self-restraint demands more of a man than restraint of his environment, even more than mere restraint, modification or direction of his mental processes. The mere availability of remedies offers no assurance of the use of remedies. If we are going finally to conquer venereal disease, we shall have to devise methods for discouraging promiscuity, and in the last analysis, what is there left that will restrain a man in a moment of passion except the safeguards of faith in a hereafter, the safeguards of religion? If these safeguards fail, no others can be ultimately effective. . . ."

It is a privilege for the Committee on Awards to announce at this time the presentation to Father Schwitalla of Honorary Life Membership in the American Social Hygiene Association.



MABEL GRIER LESHER



ALPHONSE M. SCHWITALLA

Seattle, Washington, was the scene of the ceremony of award of Honorary Life Membership to DR. MABEL GRIER LESHER of Camden, New Jersey, social hygiene leader and teacher for many years, on February 18, at a Social Hygiene Day meeting arranged by the Seattle-King County Social Hygiene Association. The presentation was made by Dr. Mildred Mumby, association president. DR. LESHER'S address on this occasion, on Education for Family Living, is planned for later publication. The Honorary Life Membership citation reads as follows:

MABEL GRIER LESHER

A.B., M.D.

"Had you searched this old world in its entirety, you could have found no person to do a more outstanding job than Dr. Lesher did here this summer. From the time she arrived she dedicated her time and her remarkable talents to the cause of social hygiene. As a result, progressive people from all fields of endeavor sought her out and she left an impression here that will never be forgotten." This warmly enthusiastic appreciation from a far-western city, where Dr. Mabel Grier Lesher gave a university course last summer, is typical of opinions expressed wherever she has pitched her social hygiene tent, all the way from her home in Camden, New Jersey, to China and back.

Born in Salem, New Jersey, the daughter of the late William T. Grier, early head of the Latin Department of Bucknell University, and of Mary E. West, her early childhood was spent mostly in New Jersey. Upon her father's death, when she was four years old, her progressive mother deliberately sought to cultivate her daughter's interest toward medicine and began to train her in public speaking at the age of seven.

Her academic training was at her father's Alma Mater, Bucknell University, where she received her Bachelor of Arts and Master of Arts degrees. Her Doctorate in Medicine was received from the Johns Hopkins Medical School.

After interning at Women's and Children's Hospital, Syracuse, New York, Dr. Lesher (then Dr. S. Mabel Grier) engaged in private practice in Trenton, New Jersey, until in 1908 she married a Bucknell classmate, Charles Byron Lesher, M.D. Two years later she and her husband, with their thirteen-month-old daughter, sailed for Swatow, South China, to engage in medical mission work at a time when the overthrow of the old Manchu regime produced radical changes in the social mores of Chinese society. When parents of Chinese pupils in the Mission schools, alarmed over the threat to the stability of the family unit, appealed for help, Dr. Lesher accepted the challenge by introducing social hygiene education into the schools for girls and women in the South China Mission, instructing them in their native dialect. Later, upon request of the American Community, she introduced social hygiene into the curriculum of the school for American children in Shanghai, China.

During the first World War, while on furlough in America, she acted as Social Hygiene Organizer and Lecturer for the War Department's Commission on Training Camp Activities. Returning finally to America in 1927, she became Social Hygiene Instructor for Junior and Senior High School girls in the Public Schools of her home town, Camden, New Jersey, which post she held until 1933, and where she continued as Medical Inspector until September, 1945.

She has given college credit courses in social hygiene at Temple University School of Education and Extension courses for the State Teachers' Colleges in Trenton and Paterson. At the Chautauqua Summer Schools, under the auspices of New York University, she served from 1932 to 1945 as Instructor in graduate and undergraduate credit courses in Education for Family Life. She is at present Instructor on Methods and Materials of Social Hygiene Education at Rutgers University School of Education; Chairman of the Advisory Committee on Social Hygiene Education to the New Jersey State Department of Public Instruction, and Chairman of Social Hygiene Education, New Jersey Congress of Parents and Teachers.

She holds a certificate in Social Hygiene from the United States Public Health Service, and early in her career received special training from the American Social Hygiene Association, for which she now serves as Educational Consultant. In this capacity she has not only expanded her field of teaching activity, but has brought to many groups of parents, community leaders and civic workers, the fundamental truths regarding education in sex conduct as a part of broader education for family life which are today, as always, so greatly needed.

In all this activity her husband shares her interest in this important aspect of education and guidance. When confronted with the question of her absence from home for comparatively long periods, because of the requirements of expanded work, his prompt comment was, "We must put first things first, our personal arrangements can be worked out later." Their daughter, a second Mabel Leshner, also a graduate of Bucknell University, and the Yale School of Nursing, is a public health nurse and like her parents is deeply concerned in contributing to human welfare. The loss of an infant son in America and an infant daughter in China, has further deepened Dr. Leshner's understanding of life's varied experiences and sympathy with human needs.

As a writer, Dr. Leshner has also contributed widely to social hygiene interests and education. Her philosophy underlying her teaching is expressed thus, in a recent pamphlet *Meeting Youth Needs*: "Our primary concern is the preparation of children and youth for finer present family living, for wholesome boy-girl relations and for later marriage, homemaking and parenthood."

In 1942 her Alma Mater, Bucknell University, in recognition of her scholastic record and her social hygiene education work, both in China and America, elected her to Phi Beta Kappa. The Committee on Awards takes pleasure in adding to these recognitions of Dr. Leshner's valuable and varied services, an Honorary Life Membership in the American Social Hygiene Association.

THIRTY-FOURTH ANNUAL MEETING
AMERICAN SOCIAL HYGIENE ASSOCIATION

FEBRUARY 5, 1947

HOTEL PENNSYLVANIA, NEW YORK CITY

ABSTRACT OF PROCEEDINGS OF THE BUSINESS SESSION

The Business Session of the Annual Meeting was held at 10:00 A.M. with Dr. Robert P. Fischelis, Secretary, presiding, and a quorum of members attending.

The documents and reports presented, and approved by Association members, have been placed on file for inspection.

REPORT OF THE BOARD OF DIRECTORS

WILLIAM F. SNOW, M.D., *Chairman*

It was reported that in conformity with the By-laws and Regulations, reports from the following had been received and approved by the Board at its meeting February 4:

The Executive Committee, including the Annual Report of the Executive Director; the Finance Committee; the General Advisory Board, including special reports from the Division Reference Committee on Public Information and Publications; Joint Committee of the American Pharmaceutical Association and the ASHA; the Committee on International Relations and Activities; and the Committee on Awards.

The Board also presented for approval the Corporation Report, which together with the Report of the Treasurer and Auditor, provide the formal accounting required from the Association as a non-profit membership corporation under the laws of the State of New York.

In conclusion the minutes and actions of the Quarterly Board Meetings held during 1946 were filed for reference; and the Chairman of the Executive Committee was asked to present a summary of its activities.

REPORT OF THE EXECUTIVE COMMITTEE

BAILEY B. BURRITT, *Chairman*

The Committee has the responsibility of representing the Board of Directors in

1. Matters of Association policy which arise between Board meetings.
2. Supervision of the program and expenditures of the Association in accordance with plans and estimates approved by the Board and carried out by the Executive Director.

This responsibility has been regularly fulfilled during 1946, the Committee meeting at intervals, and the Chairman being in close touch with the Executive Director. Special attention was called

to the excellent report on 1946 work prepared by the latter, with the aid of the staff, as published in the January JOURNAL OF SOCIAL HYGIENE and preprinted for separate circulation.*

The Committee has authorized continued participation in the activities of the National Social Welfare Assembly, the National Health Council, the National Conference on Social Work, and in certain special events such as the Third National Conference on Health in Colleges, May, 1947, and the White House Conference on Family Relations, planned for early in 1948.

At the recommendation of the Committee on International Relations and Activities, the Committee authorized the use of Association staff and facilities to serve as the Regional Office for the Americas of the International Union against the Venereal Diseases.

The program for 1947, proposed by the Executive Director and approved by the Board of Directors, emphasizes the shift from major concentration on emergency war needs back to the Association's general program including the long-range objectives of promoting training and guidance for youth, their education for successful marriage and family life, and the securing of improvement and safeguarding of community conditions which affect the safety and happiness of families and homes.

The Committee approved and presented to the Finance Committee a budget of \$420,000 for 1947. (See Reports of the Finance Committee, the Executive Director and the Treasurer.)

REPORT OF THE FINANCE COMMITTEE PHILIP R. MATHER, *Chairman*

The Committee has had special duty in 1946 in its task of securing funds to implement the Association's work for 1947, since the National War Fund, source of our income since 1943, was to cease functioning on December 31, 1946. Nation-wide support from the states and communities has had to be rebuilt while the Association's activities are in the process of being revamped to meet the peacetime program demands of these cities and towns, and while some war work still has a claim on personnel and materials. An added and most important need is for funds to permit adequate response to the many calls for help in setting up social hygiene programs in other countries.

The Executive Committee and Board of Directors approved the Executive Director's proposal for a budget of \$420,000 for 1947 work. Pursuing the principle followed throughout its history, of joining in federated fund-raising wherever possible, the Finance Committee early in 1946 secured the approval of the Community Chests and Councils' National Budget Committee, and offered cooperation to all community chests in their 1947 fund campaigns.

* 1946—*A Year of Transition from War to Peace*, by Walter Clarke, M.D., published in the January, 1947, JOURNAL OF SOCIAL HYGIENE and preprinted for general use as ASHA Pub. No. A-673.

Eighty of these Chests which conducted drives during the fall of 1946 made financial grants to the Association. In communities not having chests, or not including the Association, separate campaigns are planned, although it is recognized that in some of these cities, such as New York City, year-round efforts must be maintained.

The Committee has had splendid support from the Association's Officers and the members of the Board of Directors. President Wilbur aided the Chairman to enlist the invaluable aid of William Martin Jeffers as Honorary National Campaign Chairman. With such leadership, the continued active assistance of our Board, plus local interest and cooperation, the Committee believes that we may look forward to 1947 as a year in which we reestablish direct cooperation with and from those thousands of Americans who believe that the social hygiene program deserves their support, and who know the dividends paid through this program in human health and happiness.

Further confirming its approval of unity in enlisting public support, the Committee and Board of Directors of ASHA, requested the National Health Council to create, with Community Chests and Councils, Inc., a committee "to explore the feasibilities of joint financing among those national health agencies who might care to join."

With the Committee on Credentials, serving as the Membership Committee, the Committee reviewed Association membership policies, and approved certain changes regarding dues and privileges, which are elsewhere reported.

REPORT OF THE TREASURER

TIMOTHY N. PFEIFFER

During the year 1946, the Association's income totalled \$275,174.03. This was made up as follows:

1. From National War Fund.....	\$223,591.98
2. From sales and services.....	8,845.96
3. From membership dues	3,034.81
4. From direct contributions	39,701.28
	\$275,174.03

Of this amount \$40,476.04 has been earmarked for 1947 budget.

The expenditures during the year totalled \$291,938.21, including payments made to staff members for salaries on cooperative projects with the United States Public Health Service totalling \$24,141.56.

The Association begins the year 1947 with a net worth of \$46,438.58 consisting of:

Cash on Hand.....	\$23,939.65
Securities	10,522.50
Accounts Receivable	11,976.43
	\$46,438.58

General Funds	\$44,036.04
Wm. F. Snow Medal Fund.....	411.88
Committee on International Relations and Activities Fund	1,990.66

The books of the Association have been audited and a copy of the auditor's report submitted.

REPORT OF THE GENERAL ADVISORY BOARD

JOHN H. STOKES, M.D., *Chairman*

In accordance with the action taken at the annual meeting and at the quarterly meeting of the Board of Directors on March 22, 1946, work was begun on the reactivation of the General Advisory Board (formerly the General Advisory Committee), as recommended by the President and Committee on Future Program and Policy. The committees have been arranged in two groups.

I. *Division Reference Committees*

All committees have been reactivated and the following persons have been invited to membership by the Association's secretary, Dr. Robert P. Fischelis.

1. *Committee on Medicine and Public Health*

Dr. Thomas B. Turner, Baltimore, Md., <i>Chairman</i>	Dr. James C. Magee, Washington, D. C.
Dr. E. Gurney Clark, Oklahoma City, Okla.	Dr. Malcolm L. Merrill, California
Mrs. Mary H. Emberton, Denver, Colo.	Dr. Arthur Schoch, Dallas, Tex.
Dr. Edward S. Godfrey, Albany, N. Y.	Dr. Albert W. Snoke, New Haven, Conn.
	Dr. Bruce Webster, New York.
	Dr. Walter Clarke (ex-officio)

2. *Committee on Law Enforcement and Social Protection*

Mr. Charles P. Taft, Cincinnati, Ohio, <i>Chairman</i>	Mr. Charles J. Hahn, Washington D. C.
Miss Henrietta Additon, Bedford Hills, N. Y.	Captain Donald S. Leonard, Detroit, Mich.
Police Commissioner P. L. Anderson, Tex.	Captain Rhoda J. Milliken, Wash- ington, D. C.
	Mr. Eliot Ness, Cleveland, Ohio
	Mr. Bascom Johnson (ex-officio)

3. *Committee on Education and Special Problems*

Professor W. Carson Ryan, N. C., <i>Chairman</i>	Dr. Janet Fowler Nelson, New York
Professor Helen Judy-Bond, New York	Dr. Paul Popenoe, Los Angeles, Calif.
Dr. Lester B. Crow, New York	Dr. G. C. Wetherill, San Diego, Calif.
Dr. Alice Crow, New York	Mrs. Kathleen W. Wootten, Milledge- ville, Ga.
	Dr. John W. Ferree (ex-officio)

4. *Committee on Membership and Finance*

Mr. Philip R. Mather, <i>Chairman</i>	Mr. James M. Hepbron, Baltimore, Md.
Mr. Ernest Boyd MacNaughton, Portland, Ore.	Mr. Patrick J. Rooney (ex-officio)

5. *Committee on Public Information and Publications*

(Serving also as the Editorial Board for JOURNAL OF SOCIAL HYGIENE)

Mr. Ray H. Everett, Washington, D. C., <i>Chairman</i>	Dr. Edward L. Keyes, New York
Dr. Beverley M. Boyd	Mrs. Dwight S. Perrin, Philadelphia, Pa.
Dr. Robert G. Foster, Detroit, Mich.	Dr. William F. Snow, New York
Miss Jean Henderson, Washington, D. C.	Mr. Capus Waynick, Raleigh, N. C.
	Miss Jean B. Pinney, New York
	Mr. Percy Shostac (ex-officio)

6. *Committee on Community Services*

Dr. Donald B. Armstrong, New York,
Chairman
 Mr. Walter W. R. May, Portland,
 Ore.
 Mrs. Meredith Nicholson, Indianapo-
 lis, Ind.
 Dr. Thomas H. Sternberg, Los An-
 geles, Calif.

Mrs. Mary Edwards Shaw, New York
 Mr. Howard Strong, Washington,
 D. C.
 Dr. C.-E. A. Winslow, New Haven,
 Conn.
 Miss Eleanor Shenehon (ex-officio)

Of these Division Reference Committees, special activity is reported by the Committee on Public Information and Publications, which also serves as the Editorial Board for the JOURNAL OF SOCIAL HYGIENE and the *Social Hygiene News*. In addition to this regular service the Committee during the autumn months has made a special study of the JOURNAL and the *News* with reference to postwar needs and possibilities. This report, with certain recommendations, has been presented and approved by the Board of Directors. The Committee has been kept informed by the secretary regarding new publications and materials issued, and the Committee's opinions have been secured regarding other publications planned or in process.

No special activities have been reported by the other Division Reference Committees, but the secretaries of the Committee on Community Service and of the Committee on Education and Special Problems state that plans are on foot for discussion of program and policies with their respective committees.

II. *Special Purpose Committees*

These committees, as authorized by the Board of Directors, include:

1. Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association
2. Committee on International Relations and Activities
3. Committee on Religious and Moral Influences and Training
4. Committee on Marriage and Family Conservation
5. National Venereal Disease Committee
6. National Education Committee
7. National Law Enforcement Committee
8. Committee on Industrial Health
9. Committee on Wartime Problems in Venereal Disease Control

Of these, the first two have been particularly active since the last report, and separate reports are presented.

REPORT OF THE COMMITTEE ON INTERNATIONAL RELATIONS
 AND ACTIVITIES FOR THE YEAR 1946

The Association's First Annual Report, speaking of staff participation in a Congress¹ in Portsmouth, England in June, 1914, and of the visits to France and Germany which followed, says "these friendly foreign relations should be of great future value to our movement."

Through thirty-three years of war and peace this attitude of mind and direction of program have held true, and the year 1946 opened what may prove to be wider opportunities than ever before for international service and cooperation.

¹ The Biennial Congress of the International Federation for the Abolition of State Regulation of Vice held in Portsmouth, England, with England, Germany, France, Holland, Austria, Denmark, Italy, Switzerland, United Kingdom, United States and Uruguay taking part.

During the war, the work of the Association's Committee on International Relations and Activities was naturally limited to the Americas.² Following V-E Day, and after correspondence and interviews in New York and abroad with officers of the International Union for Combating Venereal Diseases and other international agencies, the Committee was authorized by the Association's Board of Directors to set up a Liaison Office for International Social Hygiene Agencies and Activities, to serve as needed during the transition from war to peace. This Liaison Office was established on May 1, 1946, in the national headquarters of the Association in New York, and the Committee's Secretary was assigned part-time to direct its work, under the guidance of the Committee members, who are:

William F. Snow, <i>Chairman</i>	Major General Merritte W. Ireland,
Jean B. Pinney, <i>Secretary</i>	MC (ret.)
Robert H. Bishop, Jr., M.D.	Bascom Johnson, LL.B.
Hugh S. Cumming, M.D.	Thomas Parran, M.D.
Major General George C. Dunham, MC	Wilbur A. Sawyer, M.D.
(ret.)	Ray Lyman Wilbur, M.D.

The staff of the Liaison Office, in addition to the part-time services of the Director, consists of an Assistant Director and a stenographer. A group of volunteers have rendered valuable service through translations, attendance at meetings, acting as field representatives, and in other ways.

In the expectation that services of such an office would be needed at least until the end of the year 1947, a program and budget covering the period May 1, 1946 to December 31, 1947, were submitted and approved by the Board of Directors. Activities of the Liaison Office during 1946 have been conducted in accordance with the program as planned, to the extent for which funds were available. Chief projects have been:

1. *Clearing-house services on information and materials.*

More than fifty visitors of note from foreign countries have been welcomed at the Liaison Office, and in a number of cases itineraries covering days or weeks have been arranged for their benefit. Many agencies and individuals in all parts of the world have been given information or materials by mail, in response to their requests.

2. *Liaison and Consultant Services to the United Nations.*

Close contact has been maintained with the UN Department of Social Affairs, with the Department of Public Information, the Section on Voluntary Organizations, and with the various Commissions of the Economic and Social Council, i.e. the Social Commission, the Commission on Human Rights, the Commission on the Status of Women, and with the specialized agencies working with the Council, particularly UNESCO and the World Health Organization.

² See *Annual Reports* of the Committee on Inter-American Cooperation, the *Proceedings* of the *Caribbean Conference on Social Hygiene, 1944*, the *Inter-American Number* of the *JOURNAL OF SOCIAL HYGIENE*, October, 1944, and *monthly News from Other Countries* in the *JOURNAL*.

Public Library
Kansas City, Mo.

At the request of the Welfare Branch of the U. S. State Department Division of Social, Health and Welfare Affairs, a member of the Committee prepared recommendations which were incorporated in the report of the Temporary Social Commission, and are now in process of being studied by the Permanent Social Commission, regarding assumption of League of Nations responsibility by the UN regarding International Traffic in Women and Children. This staff member has regularly attended meetings of the Social Commission.

Members of the Liaison Office staff attended many of the sessions of the International Health Conference held in New York in June and July, during the planning and adoption of the Constitution for the new World Health Organization. Following establishment of the WHO Interim Commission and its location of New York headquarters, liaison has been carried on through personal visits and correspondence. The Director of the Liaison Office and a Member of the Committee are accredited for the purpose of attending UN meetings, and an application has been filed through the State Department to secure official consultant status for the Association.

3. Cooperation with International Agencies

The Liaison Office has been in contact by interviews and regular correspondence with the chief international social hygiene agencies and their affiliated national organizations, such as the International Union for Combating Venereal Diseases, the International Abolitionist Federation; and other international organizations concerned with social hygiene activities, such as the Institute of Inter-American Affairs and Pan American Sanitary Bureau.

A high point of the year's international service was the trip made by the Committee's Chairman, Dr. Snow, in October and November to Europe to attend the first postwar meeting of the Executive Board of the International Union for Combating Venereal Diseases. At this meeting Dr. Snow was elected President of the Union. During his stay he also visited Belgium, Switzerland and Holland, and at the request of the Joint Chiefs of Staff of the Allied Governments, spent ten days in Germany conferring upon civilian as well as military social hygiene conditions.

Other international events in which the Association participated during 1946 included:

Conference on Health and Welfare.....	Rome, Italy	April
First Central American Conference on Venereal Diseases	Panama	April
U. S.—Mexico Border Public Health Association—Annual Meeting.....	El Paso—Juarez	May
International Assembly of Women.....	New York	October
International Association of Chiefs of Police—Annual Meeting.....	Mexico City	September
Inter-American Commission of Women—Annual Meeting.....	Washington	December

4. *Cooperation with international units of Federal and National voluntary agencies in the United States.*

Correspondence and personal contact is carried on with some fifty such agencies at present, and the list is constantly growing.

5. *Cooperation with social hygiene agencies in other countries.*

These comprise chiefly, the official Ministries of Health, Social Welfare, and Education and national voluntary agencies in these fields. Interchange of information and publications is maintained at present with all such agencies in the Americas, and in many European countries. Typical voluntary social hygiene agencies are:

British Social Hygiene Council	National Association of Venereology,
Health League of Canada, Social Hy-	Mexico
giene Division	League for Social Health, Argentina
Social Hygiene League of Costa Rica	National Venereal Disease Council,
	Philippine Republic

PROGRAM FOR 1947

The Liaison Office program as approved for 1947 is planned to proceed along the same general lines as those for 1946, with such adjustments and revisions as may be necessary to meet current needs and situations, and with emphasis on relations and projects with the United Nations, and the International Union for Combating Venereal Diseases.

General Program for 1947

1. Clearing-house service on information and materials
2. Liaison and consultant service to the United Nations
3. Cooperation with international agencies
4. Cooperation with international units of Federal and national voluntary agencies in the United States
5. Cooperation with social hygiene agencies in other countries.

Special Projects for 1947

1. Participation in the Twelfth Pan American Sanitary Conference and Second Pan American Conference on Health Education, Caracas, Venezuela, January 12-24.
2. Participation in the United States-Mexico Border Public Health Association Meeting, San Diego, May 6-8, 1947.
3. Participation in the Joint Meeting of the Conference of State and Provincial Health Authorities of North America and the Canadian Public Health Association, Quebec, May 19-21, 1947.

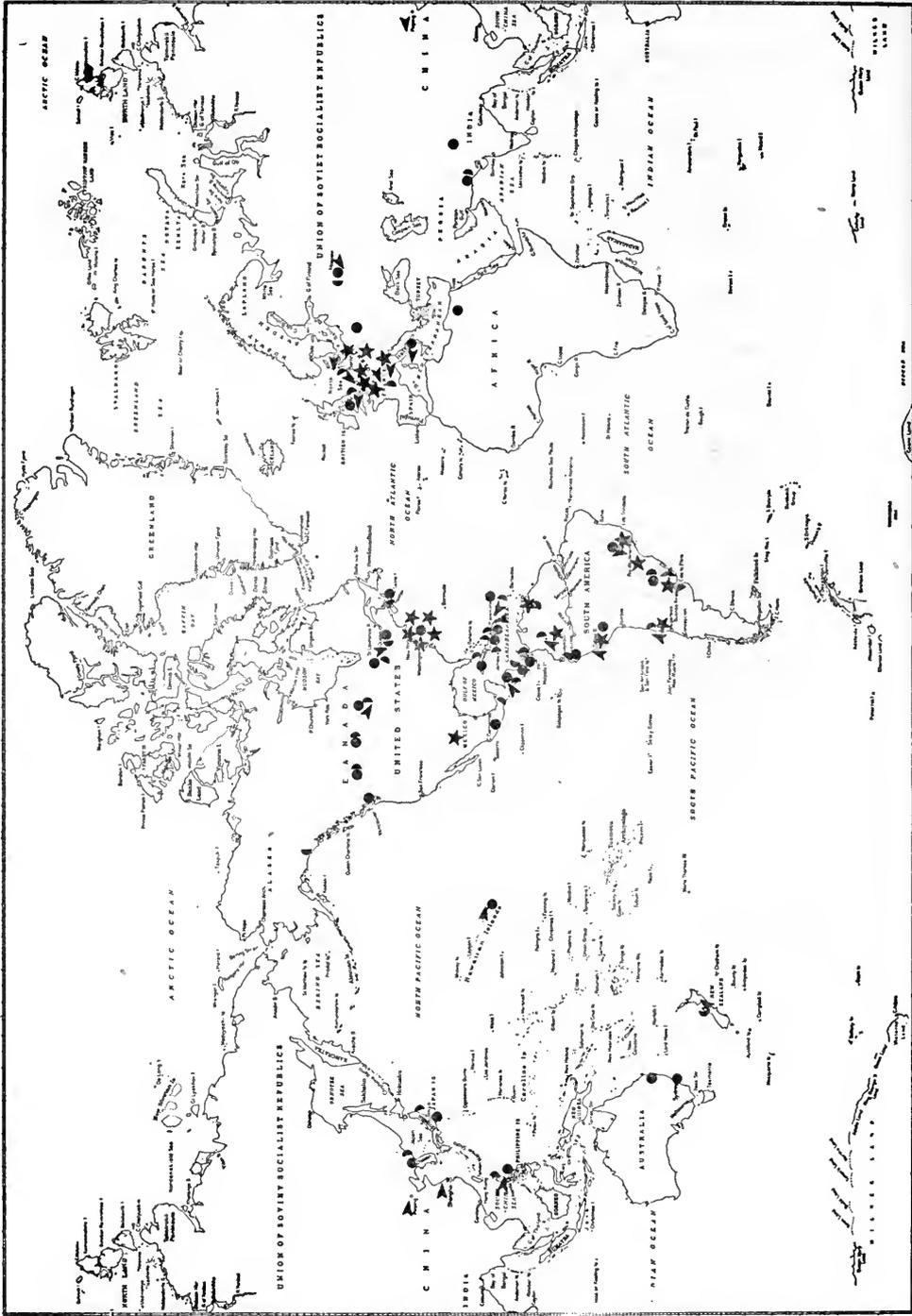
4. Participation in meetings of the International Union for Combating the Venereal Diseases; and development and maintenance of a Regional Office for the Americas, for this organization, as requested by the Union's Executive Committee at its meeting in Paris, November, 1946.
5. Participation in other national and international events and activities which relate to social hygiene programs, or promise to advance such efforts.
6. Study, with social hygiene agencies in other countries, of the proposal made by one of the American republics that the entire Western hemisphere might celebrate Social Hygiene Day at the same time. Further study of possibilities and value of a World Social Hygiene Day.
7. Extension of participation in efforts to encourage women's groups to join in practical social hygiene programs in their respective countries.
8. Continued study of social hygiene educational materials suitable for adaptation to various countries, and of practical ways and means for their circulation.
9. Study of possibilities of united international promotion of the establishment of national and community voluntary groups in countries where they do not now exist, as an aid to official efforts being promoted by the World Health Organization.
10. Study of ways and means of securing useful special articles for magazines and newspapers of importance in various parts of the world.

FINANCES

The budget as drawn up and approved on the basis of the program adopted by the Board of Directors early in the year called for \$15,000 for the balance of 1946, and \$27,000 for 1947.

While aware of the uncertainties that confront the Finance Committee in raising the entire budget of the Association for 1947, the Committee hopes that efforts will be successful in securing sufficient funds to insure the carrying out of this part of the Association's program without serious curtailment. It seems particularly desirable this year that members and consultants of the Committee, and the Liaison Office staff, should be able to attend various international conferences and meetings, where direct contacts and participation can accomplish so much better results than can be obtained by correspondence. There is also urgent need for the production of publications in other tongues, as well as for the circulation of social hygiene publications in English. Few of the agencies requesting such materials of the Association are at present able to pay for them, and the expense is considerable.

INTERNATIONAL ACTIVITIES—1946—AMERICAN SOCIAL HYGIENE ASSOCIATION



Liaison with
United
Nations



Meetings and
Field Visits



Visitors to
Liaison
Office, N. Y.



Special corre-
spondence and
literature



Films and
exhibits

REPORT OF THE COMMITTEE ON CREDENTIALS

LAWRENCE ARNSTEIN, *Chairman*

In accordance with the By-laws this Committee has checked the attendance of the annual meeting and declares that there is a quorum of members present.

During the past year the Committee has functioned as the Membership Committee. All the States, Territories and Possessions of the United States are represented among the members.

By direction of the Executive Committee, a special committee on membership was appointed on June 27, 1946, consisting of Dr. Snow, Chairman of the Board of Directors; Mr. Ray H. Everett, Chairman of the Editorial Committee, and Dr. Harriet S. Cory. The three members of this Special Committee met on December 5, 1946 for discussion of membership problems. Two members of the ASHA staff attended the meeting by invitation. As a result the following recommendations were made and presented to the Executive Committee for approval:

That the cost of individual membership be as follows:

\$2.00 annual dues—privileges of membership as now set forth in the by-laws, but without subscription to the JOURNAL OF SOCIAL HYGIENE.

\$5.00 annual dues—to include the established membership privileges and subscription to the JOURNAL OF SOCIAL HYGIENE.

That Joint membership privileges be terminated; but that the Library membership at \$3.00 a year be retained.

That no other changes in the provisions in the By-laws governing membership be made at this time.

It was the opinion of the Special Committee that the above actions would provide the necessary provisions to keep the membership policy flexible.

The Special Committee's recommendations as specified in the By-laws were officially accepted and approved by the Executive Committee at a meeting held in New York City on January 3, 1947, and the membership has been notified by letter and through the medium of the *Social Hygiene News*.

REPORT OF THE COMMITTEE ON RESOLUTIONS

RAY H. EVERETT, *Chairman*

The following resolutions were presented and approved:

I

INTERNATIONAL RELATIONS AND ACTIVITIES

WHEREAS, the cessation of hostilities in Europe and the far East has permitted health and welfare agencies and workers to resume on a world-wide scale the cooperative relations and endeavor which existed with such excellent results before World War II, and

WHEREAS, there is a great need to press forward with united strength all activities comprising the social hygiene program, and in particular those safeguarding youth and family life from the ravages of the venereal diseases, and from the hazards of commercialized prostitution, and

WHEREAS, the Liaison Office for International Social Hygiene Agencies and Activities, set up and sponsored by the American Social Hygiene Association, is receiving from workers and agencies in other countries an increasing number of requests for information, publications, program suggestions and other social hygiene materials and aids,

THEREFORE, BE IT RESOLVED, that the Liaison Office be instructed to furnish such assistance in every practicable way and to cooperate with governmental and voluntary international and national groups such as the International Union Against the Venereal Diseases and the Commissions and specialized agencies of the United Nations.

II

INTERNATIONAL TRAFFIC IN WOMEN AND CHILDREN

WHEREAS, there is evidence reported from many countries to indicate that traffic in women and girls is increasing in the present postwar period, and

WHEREAS, the enforcement of international agreements after World War I reduced such traffic, and

WHEREAS, there is urgent need to reactivate these Agreements, and to recommend to all nations full cooperation in this work on a basis of effective policies and programs for social protection including repression of commercialized prostitution and promiscuity, and

WHEREAS, the ASHA at its 1946 annual meeting adopted a resolution urging the United Nations to assume the obligations of the former League of Nations regarding the suppression of International Traffic in Women and Children, and

WHEREAS, the Social Commission of the Economic and Social Council of the United Nations now in session at Lake Success is preparing to recommend to the Economic and Social Council the assumption by the UN of the obligations of the League of Nations as set forth in Article 23C of the Covenant to supervise the execution of International Agreements with regard to the Traffic in Women and Children and

WHEREAS, the Social Commission has instructed the Secretariat not only to examine "in a general way the appropriate measures for an efficacious campaign against the traffic in women and children" but also to examine "all measures designed to prevent and suppress prostitution," therefore,

BE IT RESOLVED, that the Members of the American Social Hygiene Association assembled in annual meeting in New York City on February 5, 1947, respectfully urge the Economic and Social Council to approve the assumption by the UN of the obligations and activities of the League of Nations with regard to traffic in women and children, also the reactivation of existing International Conventions on this subject, and the measures necessary for bringing about the conclusions of the draft Convention of 1937 concerning the suppression of the exploitation of the prostitution of others, and,

BE IT FURTHER RESOLVED that the Association recommend to the Economic and Social Council the adoption of appropriate measures designed to prevent and suppress prostitution.

BE IT FURTHER RESOLVED, that the Association recommend to the Economic and Social Council that the UN adopt a proposal of the League of Nations which had been designed to set up an Eastern Bureau responsible for taking measures to suppress the traffic in women and children in the Far East.

III

THE CAMPAIGN AGAINST THE VENEREAL DISEASES

WHEREAS, America is determined to hold present gains made against the venereal diseases and to move forward to reduce these infections to places of minor importance among communicable diseases and eventually to stamp them out, now, therefore,

BE IT RESOLVED by the members of this Association in annual meeting assembled that to accomplish this end the following are necessary:

1. The efficient public health organization created by states, cities and counties, throughout the nation with the aid of Federal funds must be maintained and expanded. Increased funds are needed to meet increased costs of services and materials.
2. Greater attention and more trained personnel must be devoted to case-finding activities as was demonstrated in wartime. Every infectious case must be found and brought under medical care.
3. Rapid treatment must be available within reach of all who need it everywhere.
4. More attention must be given to solving social and educational problems at the root of sexual promiscuity, which spreads venereal disease.
5. More funds must be made available for medical and administrative research, and for education of professional personnel.

IV

APPROVAL OF THE ACTS OF THE BOARD OF DIRECTORS

RESOLVED, that the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

V

IN MEMORIAM

For purposes of reference in future years and recognition of the great debt the Association's membership and the general public owes to our leaders who have died since the last Annual Meeting, the Committee submits their names with biographical notes and asks adoption of the following resolution:

WHEREAS, the list of members of the American Social Hygiene Association has been reduced by the deaths of: Prof. Ernest R. Groves, Mrs. Gertrude R. Luce, Dr. Donald R. Hooker, Dr. Edward Godfrey Huber, Dr. Rachelle Yarros, Dr. Rollin H. Stevens, Dr. Milton J. Rosenau, and Mrs. Margaret Blake Wilbur.

BE IT RESOLVED, that the Association record its deep appreciation of the distinguished services of this group in the field of social hygiene and in other fields of human health and welfare, and its profound sense of loss in their passing.

REPORT OF THE COMMITTEE ON NOMINATIONS
 GEORGE J. NELBACH, *Chairman*

Officers and members of the Board of Directors were nominated and elected as follows:

Honorary President: Edward L. Keyes, M.D., New York
President: Ray Lyman Wilbur, M.D., Palo Alto, California
Chairman of the Board of Directors: William F. Snow, M.D., New York
Secretary: Robert P. Fischelis, Red Bank, New Jersey
Treasurer: Timothy N. Pfeiffer, New York

Honorary Vice-Presidents: Rev. Alphonse M. Schwitalla, S.J., St. Louis, Missouri; Major General Merritte W. Ireland, MC (retired), Washington, D. C.; Major General Irving J. Phillipson (retired), Passaic, New Jersey; Reginald E. Gillmor, New York.

Vice-Presidents: Hon. Frances Payne Bolton, MC, Cleveland, Ohio; Ernest Boyd MacNaughton, Portland, Oregon; Charles S. Johnson, Nashville, Tennessee; Percy S. Pelouze, M.D., Philadelphia, Pennsylvania.*

* Deceased March 13, 1947.

Board of Directors

For a period of three years: Charles H. Babcock, Greenwich, Connecticut; George Baehr, M.D., New York; Mrs. Conrad Berens, Oyster Bay, New York; Robert H. Bishop, Jr., M.D., Cleveland, Ohio; Bailey B. Burritt, Yonkers, New York; Kendall Emerson, M.D., New York; Mrs. Dwight S. Perrin, Philadelphia, Pennsylvania.

For a period of two years: Anton J. Carlson, Chicago, Illinois; Luther E. Gibson, Vallejo, California; Mrs. David C. Prince, Schenectady, New York; Orel J. Myers, Dayton, Ohio.

With eight members whose terms hold over until December 31, 1947 and 1948, this completes the Board.

STANDING COMMITTEES FOR 1947

The appointment of the following standing committee members by President Wilbur for the year 1947 was announced:

<i>Committee on Nominations, George J. Nelbach, Chairman</i>	
A. J. Chesley, M.D.	Samuel T. Robbins
Mrs. David C. Prince	Richard S. Weiss, M.D.
<i>Committee on Credentials, Harriet S. Cory, M.D., Chairman</i>	
Mrs. Jules Bank	Dr. H. W. Humiston
Dr. Robert P. Fischelis	Aliee W. Hunt
<i>Committee on Resolutions, Orel J. Myers, Chairman</i>	
Ray H. Everett	Honorio Hughes
P. K. Houdek	Carl F. Wilzbach, M.D.

The Annual Business Meeting was adjourned at 10:55 A.M.

WHAT THE AMERICAN SOCIAL HYGIENE ASSOCIATION IS AND DOES

WALTER CLARKE, M.D.
Executive Director

The American Social Hygiene Association, founded in 1913 by President Charles W. Eliot and a group of distinguished leaders, is concerned with the role of the sex or reproductive instinct in human life.

Its program has positive and negative aspects. On the positive side it seeks, through educational and social measures, to help people in each succeeding generation better and better to adjust the expression of the reproductive instinct to the pattern which social experience indicates is most beneficial to the individual and the community. On the negative side the Association seeks to remove those abuses and exploitations of the reproductive instinct which bring such evils as prostitution and the venereal diseases upon individuals and society. Since these evils are now present, the Association seeks to rehabilitate and redirect the victims.

The practical program based on these considerations is simple. We foster sound ideals and practices involving the role of sex in human life. We fight promiscuity, prostitution, and the venereal diseases.

I

In modern society the reproductive instinct finds its most satisfying expression in family life; and the family provides the best opportunity for training the young in sound ideals involving the role of sex in life. The other institutions which have special opportunities to guide the expression of the reproductive instinct are churches and schools. On its positive side, therefore, the Association endeavors to give all possible help to parents, teachers and the clergy in guiding young people toward the accepted ideals of our society. These ideals include:

Chastity before marriage.

Faithfulness in marriage.

Full legal and moral responsibility for the product of sex relations—that is the child—to nurture him, develop his endowments and protect his well-being.

Respect for the personality of every individual—no one to exploit or injure another morally or physically—hence no sex exploitation in the form of prostitution.

That these ideals are accepted by our society is indicated by the teachings of all religious groups and by the laws of most states.

The family is for the child a living daily demonstration of the role of the reproductive instinct in life, and youth is influenced more by example than by precept. The guidance of youth in the constructive use of the reproductive instinct can best be undertaken by parents in the home. One of the first organized social units the child meets beyond the home is the school and there the teacher and fellow pupils are the child's instructors. At about the same time or earlier the child comes under the influence of the church and its religious educational institutions. All of these persons and agencies need information and advice to help them give children and youth the facts they need in utilizing their opportunities to motivate ideals of loyalty, unselfishness, devotion to duty, and respect for the personality and rights of others—which are basic in acceptable sex conduct. The more clearly parents, teachers and religious leaders understand the physical and psychological development of children and youth, the more practical can be their guidance of the young. The Association aids parents, teachers, religious leaders and others in understanding and meeting these obligations and opportunities.

II

The misuse or exploitation of the reproductive instinct leads to promiscuity and prostitution, and these spread the venereal diseases. Because promiscuity and prostitution continue to exist, these diseases, which are spread by such abuses, remain prevalent. To relieve society of the crushing burden of these evils is an emergency task upon which much remains to be done.

Promiscuity and prostitution are combated by social and legal measures. The Association makes community studies of these conditions, encourages sound laws and vigilant law enforcement, provides consultant services, conferences, field work, and publications to aid public and private agencies in defining and solving their problems. The Association builds and organizes public opinion in support of measures which give promise of reducing or preventing promiscuity and prostitution, such as the employment of policewomen and other trained workers to safeguard youth, and the setting up of community facilities for recreation and wise use of leisure time in other ways.

If promiscuity could be wholly prevented the venereal diseases could be eliminated. However, there are also medical and public health measures which limit the spread of these infections and prevent much of their damage to individuals. To the extent that infected individuals are found and by treatment rendered non-infectious the spread of syphilis and gonorrhoea can be reduced. To find and treat all cases of syphilis and gonorrhoea requires adequate diagnostic, treatment and case-finding facilities and instruction of the public so that everyone may have the opportunity to avoid exposure to infection or if infected know how to find diagnosis and treatment. The Association as the accepted national voluntary agency in this health

field promotes the establishment and development of adequate programs and facilities to accomplish these purposes. It helps train personnel, provides expert consultant services, makes surveys, provides educational materials and builds and organizes public opinion in favor of strong health services in this field.

III

The fight against prostitution and the venereal diseases made great progress during World War One and again in World War Two. The most urgent present need is to hold and extend these gains, to consolidate them and make them permanent.

The program for guidance of youth is one which must go on and on. Great progress has been made in the thirty-three years of the Association's history but we have before us now in the postwar world both the greatest need in our experience and probably the greatest opportunity of all time. With the help and financial support of public spirited citizens we will seize that opportunity and develop it to the utmost in the years immediately ahead.

“HOMER FOLKS RETIRES AT 80”

Under this headline the newspapers of the nation in February announced that one of America's great statesmen and leaders in both governmental and non-governmental health and welfare activities had completed his work as Secretary of the New York State Charities Aid Association; and that Rowland Burnstan had been elected to succeed him.

What this really meant was that after more than fifty years of distinguished service in this and related capacities, Mr. Folks had finally persuaded the Board of Managers to release him from the exacting administrative responsibility which he has carried for so many years. His hosts of friends immediately said, “Now that Homer has found a trained executive to take over the State Charities job, I wonder what he will tackle next?”

It gives all these friends a feeling of profound satisfaction and thankfulness that Mr. Folks still has good health, good spirits, and—they hope—even more time to advise and counsel with them on the frontiers of health and social welfare.

As one of the many national voluntary agencies to which he has given support and guidance throughout their growth and development, the American Social Hygiene Association congratulates Mr. Folks on his “retirement” and recognition as the youngest member of our nation's body of “elder statesmen.”

—W. F. S.

ANNOUNCEMENTS

JOURNAL OF SOCIAL HYGIENE

Last Month: The February issue of the JOURNAL, on *Postwar Progress Against Prostitution*, includes an encouraging record of accomplishments over the years in *Milestones in the March Against Prostitution*. . . . The size of our job ahead to hold past gains and proceed to attainment of future objectives in the peacetime program is discussed in *Unfinished Business* by Alan Johnstone. . . . *Are We Holding Our Own Against Prostitution?* by Bascom Johnson. . . . and *Is Commercialized Prostitution Returning?*—six charts analyzing results of ASHA community studies. . . . *A limited number of copies of the issue may be had for 35¢ each.*

Next Month: A symposium on *Marriage and Divorce in the U. S. Today*, including a verbatim report of the Panel Discussion *Marriage and Family*

Counseling—Whose Job Is It?, first presented at the New York Regional Meeting in February, and repeated by popular demand at the Conference of Social Hygiene Executives in New York in March, will appear in the April JOURNAL. . . . Many calls for copies of this symposium have made it necessary to preprint the material and it is now available as ASHA Pub. No. A-681. *See below.*

In May: More fine addresses given at *Social Hygiene Day* meetings throughout the country will be brought to JOURNAL readers in the May issue. . . . These include, *Is Man Obsolete?*, by Dr. J. R. Heller, Jr. . . . *Ideals in Social Hygiene*, by Father Alphonse M. Schwitalla. . . . *The Family Responsibility in Social Hygiene*, by Dr. James H. S. Bossard. . . . *Marriage in the Modern World*, by Bradley Buell.

NEW BOOKS AND PAMPHLETS

ASHA Edition Heller-Vonderlehr Book Now Available. A second printing of the *ASHA Educational Edition* of the popular book by Dr. J. R. Heller, Jr., and Dr. R. A. Vonderlehr, *Control of Venereal Disease*, has just come off the press. Copies may be had from the Association's office at the prices which formerly prevailed for this special edition in strong paper cover, *\$1.25 a single copy, \$12.50 a dozen, \$80.00 a hundred, plus carrying charges.*

Marriage and Divorce in the U. S. Today. As announced above, the main articles from the April JOURNAL, with one to appear in the May issue, have been preprinted in pamphlet style. In addition to the panel discussion led by a group of distinguished specialists with long experience in the field of family counseling, this preprint includes an address by Carle Clark Zimmerman, Associate Professor of Sociology at Harvard University, on *Family and Civilization*. . . . and another by Bradley Buell, Executive Editor of *Survey Monthly*, on *Marriage in*

the Modern World. . . . Now ready for distribution. *15¢ for single copies, \$1.50 a dozen, and \$10 for lots of 100.* Pub. No. A-681. 36 pages.

Working Together to Stamp Out VD by Dr. Walter Clarke is the story of the teamwork between official and voluntary health agencies which has enabled such excellent progress during the past ten years since the new campaign spearheaded by ASHA-USPHS Service cooperation, was launched against syphilis and gonorrhoea. *Available without charge* to national organizations, state and community groups and other interested agencies and individuals concerned with adequate working programs for the future.

Reprints from the December JOURNAL Number are now in stock; they are Pub. No. A-678, *The Moral Equivalent for Law Enforcement*, by Charles C. Noble, at 5¢ a copy. . . . and Pub. No. A-679, *What Do Young People Want in a Marriage Partner?* Results of a Questionnaire Study by Mirra Komarovsky, at 10¢.

For these and other publications and materials write to
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway
New York 19, N. Y.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene

The Association is supported entirely by citizen contributions.

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Marriage and Family Life Today

EDITOR'S NOTE: *In accordance with the national social hygiene program's renewed emphasis on measures for preserving the family as the "basic social unit," the content of the American Social Hygiene Association's Thirty-fourth Annual Meeting program, and the New York Regional Conference, held jointly on Social Hygiene Day, February 5, 1947, related particularly to this aspect of social hygiene study and endeavor. The Morning Session of the all-day conference, which was devoted to the topic MARRIAGE AND DIVORCE IN THE UNITED STATES TODAY, including a Panel Discussion with a notable group of educators and counselors participating, on MARRIAGE AND FAMILY COUNSELING: WHOSE JOB IS IT? attracted a more-than-capacity audience at the Hotel Pennsylvania, and was given wide attention in the press and over the radio.**

In response to numerous requests, the JOURNAL publishes herewith the stenotype transcript of the proceedings, and invites further comment and suggestions on this vital subject from interested readers.

The interest expressed led to a repeat performance of this session at the Conference of Social Hygiene Executives called by the ASHA on March 4th.† Serving as the introductory speaker for this second session of the Panel was BRADLEY BUELL, Executive Editor, Survey Midmonthly, whose paper MARRIAGE IN THE MODERN WORLD will appear in the May JOURNAL.

* New York's Municipal Radio Station, WYNC, broadcast the entire day's proceedings, beginning with this session and running through until 3 p.m. to include the Annual Luncheon program and afternoon meeting.

† See page 174.

MARRIAGE AND DIVORCE IN THE UNITED STATES TODAY
PROCEEDINGS OF A SESSION ON THIS SUBJECT DURING THE NEW YORK
REGIONAL SOCIAL HYGIENE CONFERENCE ON FEBRUARY 5, 1947
INCLUDING A PANEL DISCUSSION ON THE TOPIC

MARRIAGE AND FAMILY COUNSELING: WHOSE JOB IS IT?

With Mr. Reginald E. Gillmor, vice-president of the Sperry Corporation of New York City, and a member of the ASHA Board of Directors, presiding, the meeting was called to order at 11 a.m.

MR. GILLMOR: The American Social Hygiene Association is very glad indeed to see such a fine attendance for this interesting session. When we contemplate the difficulties that the human race has created for itself, especially in the last few generations, we must sympathize with the pessimist who once said that the greatest marine disaster in all time was the grounding of Noah's Ark on Mount Ararat.

I think that is perhaps a little over-pessimistic, but we do have to agree that civilization now finds itself in a position of real jeopardy, probably the greatest jeopardy in all history. The basic reason for that jeopardy is the vast discrepancy between our technical skills and our social skills.

We have learned how to blow each other up with great effectiveness, but we have not yet learned how to maintain widespread, healthy human relations and human cooperation. Probably the most important of all the social skills are those involved in maintaining healthy and progressive family life. The family constitutes the individual bricks in the gigantic edifice of society, and if the bricks crumble the edifice will crumble.

The protection of the family has long been a basic concern of the American Social Hygiene Association. Venereal diseases are both the result and the cause of destructive family conditions. Unstable family conditions always lead to an increasing incidence of venereal disease, and a higher incidence of venereal disease results in unhappy marriages, rising divorce rates, juvenile unhappiness, disease and delinquency.

Throughout its 33 years the American Social Hygiene Association has been well aware of this vicious circle and has done everything in its power to break the circle, both by the elimination of venereal disease and by creating better understanding of the causes of family instability. In furtherance of this effort, the Association has arranged this interesting session on marriage and divorce.

We are to have the privilege of hearing from some of the most eminent men in the country, all of whom have devoted many years of study and observation to this most vital aspect of our society. The speeches and panel discussion will be broadcast and we will therefore be obliged to postpone asking for comments and questions from the audience until the panel discussion has been completed.

Our first speaker is Associate Professor of Sociology at Harvard University. He is widely known as an authority on the history and present-day status of the family as a social unit. He is the author of a book entitled *The Future of the Family*, published last month, and is completing a companion volume which will be published this summer, on his subject this morning, *Family and Civilization*, (Harper Brothers).

I have the pleasure of presenting to you Professor Carle Clark Zimmerman. (*Applause*)

PROFESSOR ZIMMERMAN: Ladies and gentlemen, in speaking on the problem of the present family, I do so purely tentatively and disinterestedly, and I hope that nothing I say causes anyone any particular feelings of any type.

FAMILY AND CIVILIZATION

By now we should be acquainted with the fact that most things, when investigated by modern science, are found to be different from what they were once supposed to be. The particular characteristic of the Western family system, which I have discovered after fifteen years or more of patient work, is its tendency to move from one extreme to another. The extreme we are facing now is a violent temporary breaking up of the whole family system.

This coming crisis will be the third violent breaking up of the Western family system since historical time began. The first occurred in Greek civilization between the time of the death of Aristotle and the birth of Polybius, the historian. Polybius noted this but did not understand it. The second occurred in Rome between the time Gaius wrote his little law book and Basel's codification of family practice for the Christians. The Christians were attempting to put the family back together again.

Unfortunately, the violent periods of family break up have left few family documents written by contemporaries. We can trace the decay of the family system up to the trial of Senator Timarchus, or the famous "Demosthenes against Neaera" document, and then the period becomes blank until Polybius. The same blackout happened in Roman times. The Romans knew about the break up of the Greek family but the Christians and others in their struggle against this matter eliminated most of the contemporary documents about the Roman family.

We are now facing a third of those violent periods in the family. I predict this will come between now and the last part of this century.

The only part of my prediction which can be wrong is the timing. If left alone, the family system will break up before the end of the century. The timing may be delayed by ethical sanctions and a temporary revival of family puritanism. The complete break up might even be prevented.

These ethical norms can be seen in our recent family problem fiction. *Cass Timberlane* reflects the middle class. Finally seeing life pass him by, the "hero" of this Sinclair Lewis novel turns desperately back to his faithless, disease-stricken and sexually useless wife. That type of literature is not outstanding in the Greek and Roman break ups of the family.

Professor James Barnett, of Connecticut, who specializes in American divorce novel study, tells me that many of the middle-class divorce novels since 1938 end in this same 'return to the sanctimony of the family' theme. Possibly it is the reappearance among our middle-class of the *sacramentum* conception of the ninth and tenth centuries in Europe.

The same may be seen in the book entitled *The Fall of Valor*, by Charles Jackson. For that work to have been a best seller in a time like this in Greece or in Rome, it would have to be re-titled and to have been given another ending. It possibly would have been called something like "Ganymede's Victory," and would end happily and successfully for the professor. Neither Greeks nor Romans had a traditional heterosexual value norm inculcated in an all-embracing religious creed like Christianity. The influence of ethical norms in our present family decay is seen in our high divorce rate. We trade spouses rapidly but do it in a formally ethical way.

A number of predictions exist now as to what family life will be like toward the end of the century. Typical of such predictions is the one that the divorce rate will be one for each marriage by 1975. I doubt the validity of such a prediction as that. These are merely extensions of mathematical curves on the assumption that the same forces will continue to operate endlessly.

A recent release spoke of the present high divorce rate as being abnormal on account of the war marriages and spoke of a time a few years from now when the divorce rate would be back to normal. I should like to know what a normal divorce rate is for Western society. Divorce rates have been changing, sometimes slowly and sometimes rapidly, sometimes increasing and sometimes decreasing, ever since modern society began. I do not see how we can pick out one period and call it a norm.

My own conviction, drawn from a sample study of our family system, is that by the end of this century the family will be either much improved over what it is now or it will be much worse than any predictions of this so-called statistical extension school. My data are given in the two books which have been referred to beforehand.

They have been examined and not refuted. They can be examined further by any interested person.

The main reason for the logical necessity of the rejection of these statistical extensions is that the next part of our family system break up is that of the great human masses. That of the well-to-do is already badly gone. Evidence indicates that our middle-class family system has reached its maximum demoralization, or will very soon, and is trying to reformulate itself.

The ethical content of recent middle-class family problem novels is really surprising. Even the characters drawn by Ilka Chase are always crying in bed. (*Laughter*) Furthermore, the ethical sanctions in the play *Christopher Blake*, now appearing on Broadway, particularly emphasize this.

The family system of the great human masses is the one that is now beginning to break up. That is the moral of *North Carolina* vs. *Williams* which plagued our Supreme Court between 1942 and 1945. You have in this particular case an example of how the great human common people of the United States of America are following the leadership of certain other groups.

Our evidence shows that when the family in these groups breaks up, the disaster goes much further than either those of the middle or the upper classes. This is illustrated by the Eden and Hutchinson study of the Swedish family system and by abundant indications in the United States that our family system will reproduce the Swedish family situation.

The typical representative of the great human masses is the common denominator of basic America. He does not have the entire ethical outlook of the middle class, nor the funds nor opportunity to preserve the outward forms of the well-to-do. When he finds the family system losing its necessary sanctions, he will surprise a good many of us. In past instances in Western society, he has done just that.

Now comes the question as to what can be done about it. I will waive the question as to "why do anything"? Those who really understand the history of Western society and its family system will know the answer; the others will have to study family history in order to understand the answer.

Our first need, I believe, is a group of persons who thoroughly understand our family system and who want to be what I call a creative minority. These will probably be recruited mostly from the sections of our society who have thrown away traditional value systems and who have returned to the fold with their eyes open to the world as it really is. You cannot understand the Arctic unless you have been there.

The second requisite is a thorough appreciation of the minds of the social classes with which they deal. These are respectively the upper and middle-class minds, and also the common people of an urbanized industrial population. In each social class the problem is different.

Once this is done, mass moral education could be tried on a wholesale manner. I think we should probably try to sell civilization on the aspirin level.

I suggest an organization such as "Hucksters of Civilization, Inc.," a non-profit mass moral education association which could be set up. Mass education of the most elementary type, such as a sermon on each matchbox, for instance, could be tried. The expenses could be borne by industry as an additional message in their present advertising.

My studies indicate that a few simple rules might help if they were followed:

First, we would have to pick certain key problems. A few key problems like venereal disease, divorce, responsibility of parent to child, and child to parent, danger of abortion, failures of birth control techniques, and dangers of delayed child-bearing will have to be chosen and emphasized. By the failure of birth control techniques, I mean that people should be told that there are difficulties in birth control, as well as other aspects of the situation.

Second, impersonality. The problems will have to be set forth in an impersonal manner by repetitious advertising, such as I have indicated. We will have to attempt to set up standards of family life purely as the normative way of life.

Third, sanctions. In all cases where possible, the sanction for a positive course of action will have to be the historical positions taken by Western Christianity. Where this is not possible, appeals to scientific findings will have to be substituted.

Fourth, action. Simple courses of action will have to be recommended. Belief and action apparently do not always coincide in these matters. We see this in Massachusetts in the birth control situation, and in Cincinnati in the differences between the ideal size of family as secured by pollsters and from birth registrations. When the people in Cincinnati were asked how many children they wanted, they gave one figure. However, when the birth registrations were taken, they showed another figure.

Fifth, we should present the good with the bad. Much of our recent literature in the family field is what I call "sugar-side-up" stuff. We have been told that gonorrhea is no worse than a common cold. I am quite sure that gonorrhea is much worse than a common cold. We have been told that Yanks are "lousy lovers." I do not believe that is true. There is nothing the matter with the sex functions of most Americans. (*Laughter*) As a civilization, we possess at one and the same time more garbled information and misinformation on sex and family matters than any previous civilization in history. I believe we will have to stop this "sugar-side-up" business in our own minds before we can erase these scientific falsities from the masses.

Finally, the ruling classes must try to conform. Western society has always had a great deal of trouble with leadership from its upper economic, occupational, educated and governing groups. This seems to have been solved in the Orient in part by the means of required polygamy. We cannot do this in the West simply because our basic patterns have always been monogamic. However, we can expect our ruling groups to do most of their crying in bed and not so much of it in public.

I must add at the end that perhaps these ideas won't be tried. Perhaps they won't even work if they are tried. Nevertheless, I do not think I harm anyone by suggesting them or by thinking about them. Furthermore, I receive a number of indications from time to time which suggest that I am not the only person in America who sees this problem as it is.* (*Applause*)

MR. GILLMOR: Thank you, Dr. Zimmerman, for a most interesting and scholarly address. You have given us a lot of basic information in a way which will make it possible for us to remember it and act on it.

If, as Dr. Zimmerman has pointed out, the family as a social unit faces the possibility of disintegration, it is fortunate that among social agencies there is a sufficiently widespread awareness of the problem and sufficient skill to assist individuals, at least, in arriving at some solution of the problems they themselves recognize. It is also fortunate that there is a growing awareness amongst professional people—social workers, doctors, nurses, ministers, that in their own contacts with families there is a vast field of preventive treatment which may, as this recognition grows more profound, do much to stem the tide of family disorganization.

The question is asked *Whose Job is Counseling?* You are now about to hear from a panel of distinguished specialists who have had long experience in the field of family counseling and the preservation of family relations. Serving as a moderator of the panel is the General Director of the Family Service Association of America, who has himself a great store of experience in the field which is to be discussed. I will introduce him and he will present to you the members of the panel. I have the great pleasure of presenting Mr. Frank J. Hertel.

MARRIAGE AND FAMILY COUNSELING: WHOSE JOB IS IT?

MR. HERTEL: Mr. Gillmor, Dr. Zimmerman, friends of the American Social Hygiene Association: By way of opening this panel this morning—and I must say that Dr. Zimmerman has provided us with a most thought-provoking framework—I would like to share with you a statement of conviction and purpose which for me gives meaning and reason as to why the American Social Hygiene

* This does not preclude but assumes economic reforms making family life and children less a burden. C. C. Z.

Association has set aside this entire morning session for a discussion of marriage and divorce in the United States today.

In the recent report of the Committee on Family Life of the Woman's Foundation—many of you here are familiar with it—the place of the family in American life is presented in the following significant terms:

“The 38,000,000 families of the United States today are developing the personalities that will determine the fate of the larger national and international societies of tomorrow. Family life is the primary living process within which human personality is developed.

“The home is the school of schools. As a child loves or resents his parents, so will he later love or resent his God, his nation, his world. As he is accorded the status of being a treasured, unique, contributing person with his parents, his brothers and his sisters, so will he expect that same right in ever widening circles as he grows older, and having it for himself, he can accord it in a large measure to all others in the same degree as he received it himself.

“Family life is the living social relationship by which one human personality develops in response to other personalities. In the past we have sanctioned family life, blessed it and prayed over it, with the hope that somehow it would survive because it always had. While it is true that the tough, resilient fibre of family life has ruggedly come through every sort of crisis known to history, it is not enough that it merely comes through. The contribution that family life now has to give to the larger living organisms of the nation and the world require that it not only survive, but that it be given every possible chance to succeed in its task of developing the human action that will determine whether the world will live at war or at peace, in faith or in fear, in decency or in want, with love or hate.”

The agencies, institutions and religious and social forces represented on this panel this morning are all committed to this all-important conviction and challenge. All are at the same time concerned with the evidence of family disorganization that we see going on round about us. One divorce for every three marriages in 1945 is a startling figure. To me, this does not mean that family life in America is necessarily on the way out.

The current figures are influenced by at least two major conditioning factors: First, the normal backlog of divorces which were thwarted during the war. This backlog, now receiving official action, tends to swell the current figures.

The second factor influencing the trend is the large number of hasty marriages that occurred during the war. Adolescents, without thinking and preparation, jumped into marriage without benefit of the customary planning and waiting period that is an established part of our American culture. Some of these marriages are now cracking under the strains of living together under post war conditions and are adding to the divorce toll.

Our job this morning is to discuss and consider marriage counseling as a method for helping to build more successful and satisfying family life. During the last 20 years marriage counseling, as a method for helping people, has come to have more and more acceptance. Twenty years ago it was a sign of weakness to seek outside help in solving a personal or marriage difficulty. Today, however, it is, to at least the more thoughtful persons in communities, a sign of strength.

During the course of this panel, and in the discussion that follows, I hope we will consider the content of marriage counseling, the kinds of problems it attempts to treat, and the skills required to do the job. All such questions have a direct bearing on the central theme before us this morning: "Whose job is marriage and family counseling?"

I am now going to introduce the members of our panel. We will first hear from DR. M. ROBERT GOMBERG, Assistant Executive Director, Jewish Family Service, New York City. He will be followed by DR. CHARLES F. MARDEN, Assistant Professor of Sociology, Rutgers University; and Chairman of the Social Hygiene Committee of the New Jersey Tuberculosis League. Next will be MRS. EMILY H. MUDD, Executive Director, Marriage Council of Philadelphia.

Next, we have DR. ROBERT W. SEARLE, Executive Secretary, Human Relations Commission, The Protestant Council of the City of New York. Following DR. SEARLE we have JUDGE THEODORE STITT, Children's and Family Courts, City of New York. Finally, we have DR. GEORGE S. STEVENSON, Medical Director of The National Committee for Mental Hygiene, New York City.

We will now hear from DR. GOMBERG.

DR. M. ROBERT GOMBERG: I should like to say first that I plan to join Professor Zimmerman's "Hucksters" if he permits me a chapter that deals individually with specific problems along with the general mass education program.

Marital counseling and family counseling are broad, inclusive terms. With but little imagination, one can conceive of many, if not most, of the problems of man that may plague him in the course of his growth from infancy to maturity, from maturity to old age, as somewhere falling within the scope of the terms—"family counseling" and "marital counseling." It is unnecessary to review for a group such as this the innumerable varieties of problems that the individual or family can and do experience, for which they are in need of skillful counseling. In my own experience in a family agency over the past ten years, there is one trend that I believe is essential to note and to examine.

For whatever are the reasons, and there are many of them, people in all walks of life are today more ready than ever before to acknowledge the fact that they are suffering from personal or inter-personal conflicts with which they can no longer cope, and for which they need specialized professional help. And in increasing numbers, they are looking for that help. Large numbers of families are applying

to us for help with marital problems. Problems related to mental and emotional illness are frequent; or parents come deeply disturbed about the behavior of a child; or individuals come describing personal difficulties which are indicative of emotional disorder, etc.

The community seems to be freeing itself from the stigma attached to the need for personal, psychological help. If we have not nearly arrived at the general level of sophistication on the part of the total community that we would ideally desire, we are certainly much further ahead than we were but a few years back. For that very reason, I see this as a critical period.

Ultimately, our most effective interpretation to the community of the validity of a marriage or family counseling service is to be found in the degree of our skill, in the results of our treatment. It is for that reason that it is imperative that we meet this growing trust on the part of the general community with the highest degree of professional training and skill. It would turn the clock back indefinitely if this emerging trust were to be met by ill-equipped, poorly trained practitioners, however well meaning or desirous of being helpful.

For the purposes of this brief presentation, I think it would be more pertinent to elaborate on what I believe to be essential minimum training for a counselor or case worker, rather than to make any effort at examining the treatment process itself.

There are four basic aspects of training which must be experienced and integrated in order to produce a truly qualified family case worker or counselor:

First, such as counselor must have had thorough training in the fundamental psychological and psychiatric understanding of the development of personality, of personality deviation and pathology. He must have been thoroughly grounded and understand the kinds of life situations and experiences that contribute to normal healthy development, and conversely, he must have knowledge and accurate understanding of the kinds of situations and experiences that contribute to the development of anxious, insecure, immature, unstable individuals. This knowledge, information and training cannot be casual; it must be sufficient so that the case worker or counselor can differentiate between an individual suffering from a situational confusion and disturbance growing out of a current crisis, and one who manifests behavior that is indicative of more fundamental mental illness.

The second specific aspect of training essential to family counseling has to do with a dynamic, or rather psycho-dynamic understanding of the nature and meaning of family life. Family life is a living, inter-acting, changing, growing experience, and relationships within the family are the prime shaper of the personalities of its members. It is necessary to have a sensitive appreciation of what it is within the context of family life that helps each member—mother, father and child—realize his own emotional fulfillment and development, in

a way that no other setting or no other experience can actually achieve or duplicate.

The family counselor must learn to understand the kind of inter-relationships between mother, father and child that are essential to the attainment of a healthy family balance, that afford to each of the members a sense of his own importance, responsibility and value to the whole group. And vitally important, the counselor must have the kind of training and experience that help him to appreciate what happens when a family is faced with some crisis that threatens its security and, because of uncertainty and confusion, makes one or several of the family members doubt either themselves or each other.

It is indeed a difficult knowledge to master and to use, that truly individualizes each of the family members and yet at the same time appreciates the family as a psychological entity, of which each individual is but a part. Treatment that is directed towards the personal adjustment of an individual, and yet keeps in perspective the fact that the individual is part of a family which must inevitably be affected by what happens to the individual requires a complex and difficult skill. I regret that time does not permit us a fuller elaboration of this aspect of training and knowledge, which I think to be so essential for the family case worker or counselor.

The third aspect of basic training has to do with the development of a self-conscious, consistent, scientific method of treatment. The first two requirements which I mention can be classed under "theoretical knowledge". They deal with obviously inter-related subject matter; i.e., a psychology of individual growth and development, and a psychology of family life. However, there is a vast difference between knowledge and skill. One can, from a classroom or text, learn a great deal about a subject and can have a good intellectual grasp of the material; but there is a dramatic difference between such intellectual knowledge, and technical skill.

For example, a physiologist or a biologist may have a comprehensive understanding of the structure of the human organism. Theoretically, he may know as much as does the surgeon. On the other hand, one would hardly place a scalpel in his hand with any confidence that this knowledge equips him to practice surgery.

It is equally true, if not as graphically obvious in our field of helping with personal and family problems, that there is a world's difference between the individual who has learned something about personality and the individual who has been trained and disciplined in the treatment of personality problems. Methods of treatment are learned through a combination and integration of all theoretical knowledge with actual on-the-job training under close, controlled supervision. Here we have a direct parallel with the medical interne. The case work or counseling internship must offer a large variety of case situations carefully selected to meet the progressive, learning needs of the developing interne.

The fourth basic aspect of training grows naturally out of this last point. That is, I refer to the need for close, controlled supervision, supervision on a sustained, regular basis, through individual conferences. Individual supervision is not just another classroom experience with its only difference being that there is but one student to the teacher. If that were so, it would be much too difficult and expensive to maintain. Supervision combines with its educational and teaching objectives a relationship experience through which a student or worker gains a deeper understanding of himself and an insight into his own behavior.

Through supervision, the student is helped to develop the necessary professional discipline that assists him in gaining control over such personal prejudices, bias, preference or attitudes that grow out of his own personal life experience—so that he is truly psychologically free to help the disturbed client in a warm, human but objective way. I cannot underscore too heavily the essential nature of this kind of supervision as basic to the development of a professional case worker. Supervision begins immediately that the student is placed in an agency in his first student year in a professional school of social work. It is through this vital learning and growth experience that theory and knowledge and practice are integrated and internalized, and become the valid base for professional practice.

In my own agency, we believe it to be our responsibility to maintain the highest standards of training possible, for the protection of the community. Thus we require that any worker engaged on our staff be a graduate of an accredited school of social work. Two years of professional training in a graduate school of social work lays the foundation for the four basic objectives of training that I mentioned earlier; that is, fundamental psychological and psychiatric understanding of personality growth, a full understanding of the psychodynamics of family life, a psychology of treatment, and close individual supervision of the student during his two years in the professional school of social work.

It is my own conviction that with our deepening knowledge of personality, with our developing knowledge of treatment methods, it may become necessary for schools of social work to extend their training program to three years. However, neither two nor three years begin to shape the finished product—the newly graduated case worker requires many years of further intensive training and supervision within the agency. It has been our experience that it requires four to five years beyond the two years of professional graduate school to bring a worker or counselor through to the point where the quality of his practice is such that he requires only consultation, without the implication of further close supervision.

We are living in difficult, challenging times. No one denies that the family is the essential, basic unit of society, the only ideal emotional environment for the growth and development of the individual. At the same time, statistics about do show that if the family as an institution is not threatened, then at least the stability

of family life is jeopardized so that it does not in many instances have the opportunity of fulfilling its fundamental role.

However, an optimistic corollary to this trend is the one I mentioned earlier; namely, the fact that people are increasingly able to face the need of obtaining personal psychological help, whether it be case work, counseling or psychiatry. Therefore, I firmly believe that we must examine into ourselves, into our practice, into our training, and with complete dignity and integrity, ask whether we are truly scientifically prepared and equipped to helpfully deal with the conflict and miseries of those people who turn to us with problems so serious that they can no longer cope with them alone. If we are faced with an exciting challenge, then we are faced with a grave responsibility as well. (*Applause*)

MR. HERTEL: Thank you, Dr. Gomberg. I will now call upon Dr. Marden.

DR. CHARLES F. MARDEN: Before attempting to indicate the role of the public health agency in marriage counseling, I should state for myself some general standards for marriage counseling. Just briefly, I would like to suggest the following:

First, marriage counseling should be done by persons who spend all of their time at it.

Second, such persons should have had graduate training or experience equivalent to it in these four fields: Physiology, biology, psychology, and sociology.

Third, the marriage counseling agency should be an agency which is not identified in the public mind with charitable welfare work.

What I am suggesting is that ideally, it seems to me, marriage counseling should be specialized and professional, and marriage counseling units should be separate agencies. Practically, however, the setting up of a sufficient number of such separate, independent marriage counseling centers in order anywhere near to cover the country is not possible in the near future. Therefore, whether the marriage counseling unit should be an independent agency or attached to an already existing agency depends upon the conditions in the particular community.

It seems probable only in large metropolitan areas that a separate marriage counseling and educational agency could be supported by the community. When we turn to other than metropolitan areas, it then seems probable that marriage counseling services will have to be provided by other already established agencies with other functions. The combining of marriage counseling with the general family agency appears to be the next most logical step, especially a family agency in the field of parent-child guidance. Here again, however, many family welfare agencies are primarily engaged in economic aid and associated in the public mind as having welfare or charitable clientele.

After this, in the smaller cities, any one of a number of already existing agencies might logically have responsibility for establishing counseling services. Examples of this are YMCA's, community centers, social hygiene societies, and general public health agencies, all of which would seem to be possible agencies for assuming the responsibility for marriage counseling.

In any particular community, in a sense, it may be largely a matter of which actual agency has (1) sufficient interest in the problem; and (2) sufficient funds to enable them to provide this specialized counseling service. The claim of the social hygiene agency or the public health agency to responsibility in this field lies, of course, in the fact that knowledge concerning the processes of reproduction, the physiology of marriage relations, and mental hygiene principles are all part of the total marriage counseling program.

However, the trend of research in the field of marriage relations is leading to more emphasis upon the socio-psychological aspects of marriage, which gets increasingly away from the field of health. Where both a social hygiene association and a general health association seem to exist in a particular community, the responsibility of the social hygiene association would seem to be greater than that of the general public health agency. I say this not because of the interest in venereal disease control which properly characterizes the work of many social hygiene agencies, but rather because of the long identification of the social hygiene movement with a positive program for better family relationships, a program in which the parent association, under whose auspices we meet today, has pioneered.

There are, however, relatively few separate social hygiene agencies at the local level. Therefore, for the larger number of communities, the question in practice becomes: "Should the general public health agency, such as the county tuberculosis and health league, undertake a marriage counseling service as part of its social hygiene program?" The answer in most individual cases, it seems to me, is simply, "Yes, if the board of this general health agency is interested in extending its program this far beyond strictly health matters; and, secondly, if it has enough money to do the job."

As an illustration, in the State of New Jersey, with the cordial approval of the American Social Hygiene Association, the New Jersey State Tuberculosis League has undertaken a limited social hygiene program. Certain local county tuberculosis leagues are carrying on a fairly energetic program on education for family life. My own feeling is that that is about as far as the tuberculosis and health agencies in New Jersey are prepared at present to go.

In one particular county at the present time, a tuberculosis and health league has considered the possibility of entering the counseling field. To many members of the board this seems to be too far out of the health field. On the other hand, this particular agency is better prepared financially to do this than any other agency now existing in the county.

If, for example, this particular tuberculosis league could start this service as a demonstration with the view of eventually arousing enough interest in the area to make it possible for some other established agency to take over this function, it would seem to be the way to get started. There are, no doubt, many other local areas where the public health agency is in the best position to start this service.

In any case, whether or not it is the responsibility of either the social hygiene agency or the public health agency services, it is obviously their strong obligation to do everything in their power to see that these vitally needed services are provided by some suitable agency in the community. (*Applause*)

MR. HERTEL: As Mr. Gillmor indicated, we will not stop during these formal presentations for questions, so I am going to ask MRS. MUDD, of the Marriage Council of Philadelphia, to speak next.

MRS. EMILY H. MUDD: The question now being asked is: "Whose job is marriage counseling?" Dr. Zimmerman spoke of the tremendous numbers of people involved in family life in the United States today. Over 90 per cent of the population marries at some time during their lives.

Help through professional and lay sources has been available for generations to individuals after conflict is acute. Many of you and many other thoughtful citizens now believe that every one of these literally millions of men and women should have access to personalized help in preparing themselves more adequately before marriage and in early adjustment. Many thoughtful persons also believe that such preventive help should have priority over assistance after difficulty is established.

If this is a goal and an ideal which we accept, it seems to me to be of the utmost absurdity to believe that marriage counseling can or should be limited to any one professional group. Many powerful groups in this country are now stating their interest and seeking to move constructively into this much-needed field of prevention.

I believe that there is usefulness for all, provided, as Dr. Gomberg and others today have mentioned, recognizably high standards of reputable professional performance are preserved. In addition, I also agree with Dr. Gomberg that the procedure and results of all groups should be validated by the test of proved usefulness and proved helpfulness. It is recognized that certain aspects of procedure, at best, are still experimental and probably will, of necessity, remain so for the next decade. Many of the finest services in this, as well as in other fields, start in a very modest, unostentatious way, with the best professional supervision and grow slowly but soundly.

If each individual and group working in this specialized area agrees to the keeping of careful records, to publicizing their techniques of counseling, records of the aids used to supplement interviews, the results of counseling contacts, background, training and

experience of staff, organization of service, financial support, and so forth—if each group agrees to share its experiences, to modify its methods and approach in accordance with its own results and the findings of other recognized groups, a body of verifiable facts will accrue in the next decade which should go far toward establishing the study of human relationships in marriage on a scientific basis.

There are in this country a few functioning non-profit making small services named Marriage or Family Counseling Services. These are set up differently in different communities—all urban. The earliest came into effect at a time when existing community aids were organized to help a predominantly dependent group after they found themselves in actual difficulty or distress.

The purpose of these early marriage counselors was to supplement, by emphasis on premarital and early adjustment counseling, the assistance offered by other community sources and to try to make those services available to individuals who could pay as well as to those unable to pay a fee. There was no desire to duplicate or compete with already existing organizations. Because these early groups did not have either the advantages or the hindrances of tradition, these marriage and family counseling services were both weak and strong. They were weak in community acceptance and support, strong in independence and ability to experiment. In order to survive, they had to prove their usefulness.

Having been connected with such a small, independent, non-profit making service—the Marriage Council of Philadelphia—for over twelve years, I believe that a preventive approach to marital adjustment can be useful to many individuals and, therefore, to communities. On the basis of our experience, we believe that such work is difficult and subtle and requires well trained and experienced personnel. In our service, every counselor has had as background a minimum of a graduate degree in some related field plus several years of at least part-time paid job experience working with people in family situations before he or she is considered for staff membership. We believe that the personal experience of marriage and parenthood is an asset in such work. We believe that an attitude of interest, warmth and kindness toward our fellow men, regardless of race, creed or color, is essential. We know that a cross-section of the young community, educationally, financially and religiously, do make use of such a fee service. We have become increasingly convinced that certain aids form a constructive structure within which the personal interview functions as a nucleus of help. Such structure consists of fee, appointments, limited interviews, reading material, schedules for certain information, at times personality inventories and referral if other specialities are necessary.

We know that every marriage counselor, in addition to ability to function in a counseling relationship, should have adequate knowledge of medical, legal, eugenical and sexual information so that he or she may be able to help the client when the help asked for falls within the limits of the service offered. A marriage counselor should also

be able to make suitable and effective referral if the help sought falls in a more specialized field, such as medicine, law, religion, vocational guidance, and so forth. We believe that it is as important for the counselor to know when he or she is not equipped to help in a situation as when it is constructive to go ahead. A knowledge of and good working relationship with community resources, individual and organizational, for the locality where the counselor works is necessary.

We have found increasingly that there is a fascinating relationship between group work, teaching and individual counseling. We believe a great deal of preventive work can be done with groups. I am extremely interested in Dr. Zimmerman's mention of mass education. We therefore urge that every marriage counselor who can should have the experience of lecturing or teaching and incorporate such activities as part of his job, even if a small part.

We believe that periodic evaluations of work serve as a stimulus and furnish perspective for all counselors. Such evaluations may lead to the formulation of important research which in turn will gradually give us the answer to some of our questions.

We believe that the present independent marriage counseling services may be incorporated as parts of other services or continue independently as the needs of each community dictate. We look forward eagerly to working in our own agency with the American Association of Marriage Counselors * and other professional groups on the setting up of standards for staff training, service performance and validation of the results of marriage counseling.

We believe that in the next decade in this country there must be an epidemiological approach to the causal and curative factors in marriage and family conflict. (*Applause*)

MR. HERTEL: We will next call upon Dr. Searle.

DR. ROBERT W. SEARLE: Mr. Chairman, I would certainly not claim that the Church and the pastor had any exclusive responsibility for marriage and family counseling, but I am prepared to insist that such counseling is in line of prior duty for any clergyman who is worthy of his calling. That it is in line of duty is clearly indicated by two responsibilities which specifically fall upon the clergyman of any faith or denomination as a result of ordination to the ministry or priesthood and installation in a particular parish or other position which gives to him the duty and the privilege of dealing with human beings.

The first of these responsibilities is that which is defined as the pastoral ministry. The words of ordination and installation in every denomination obviously constitute a commission and an acceptance of counseling responsibility which certainly involves both family counseling and marriage counseling.

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In the second place, a clergyman is authorized by his church and licensed by the state to perform marriage. In some religious bodies marriage is a sacrament. In all religious bodies marriage is a holy act. For a clergyman to be content with the mere conduct of a wedding ceremony as a fulfillment of his duty is either to depend upon a magic of words or almost to profane the spiritual essence of which the ceremony is the outward or visible expression. If religious ceremony seeks to make of marriage a uniting of man and woman into a spiritual oneness, obviously both man and woman must be spiritually prepared through understanding of the ideal marriage relationship in order to achieve that unity, and that certainly involves for the officiating clergyman the responsibility of giving or of providing premarital counseling.

To the clergyman, therefore, belongs the responsibility of counseling the families of his parish, those who turn to him for the performance of a marriage ceremony and any who may bring to him their problems and their needs. However, to say that a man has a duty to perform is not to say that he is qualified to perform that duty well. I fear that there are all too many clergymen who are not qualified, either by training or by experience, to counsel wisely and well.

The major fault and blame is to be charged against those institutions which bear the responsibility of preparing men for the ministry—the theological seminaries. I must admit that while some are timidly venturing in the right direction, I do not know of a single theological seminary which in my judgment, or probably in yours, has really allotted sufficient time or provided adequate instruction to train a candidate for the ministry for counseling service. The men whom I know in the ministry who are well qualified by training have acquired that training as a result of their own desires outside their theological schools and without even the suggestion of their ecclesiastical bodies, and there are some men who are doing very notable and valuable work.

Now, of course, life is itself an education. Formal training can never make of those who lack basic attitudes and aptitudes adequate personal counselors. By the same token, there are those who, having a native aptitude, counsel wisely and well as a result of experience and observation. These would undoubtedly give better counseling if they had been trained as well.

In the realm of personality and of personal relations we are in transition from the old trial and error approach to life and its problems to the scientific approach which seeks to discover the indigenous or, as religious language would state it—God the Creator's laws of individual personality and social relationship.

Today we are beginning to approximate a science of man and of human relations. We know much about man that was unknown a generation ago. Our new knowledge is becoming systematically formulated and is subject to transmission through instruction and clinical experience. The religionist need not fear this new knowledge

or this new approach. Indeed, he should welcome it first as a tremendous reinforcement of his basic faith that this is a world of law, which is to say a purposeful world, and that that law evidences not only purpose in creation but beneficent purpose as well. In the second place, he should welcome it because it gives him more precise knowledge, proven techniques and the means for vastly improving his skill of heart and mind in the fulfillment of an unavoidable responsibility of his ministry. (*Applause*)

MR. HERTEL: Thank you, Dr. Searle. We will now hear from Judge Stitt.

HON. THEODORE STITT: Mr. Moderator, ladies and gentlemen: It is kind and gracious of the American Social Hygiene Association to invite the Family Court and the Children's Court of this City to be a part of the regional conference on social hygiene here today.

We realize that the endeavors of your association and its fine achievements are directly beneficial to the work of our two Courts. To the question, "Whose job is marriage and family counseling?", we answer that it is ours from the moment there is an application to us on behalf of man, woman or child.

Presiding Justice John Warren Hill of our Court took occasion to say, within a day or two ago, that hundreds of agencies in this city who watch this Court day by day will support our claim that through proper and intelligent probationary service, countless men, women and children are restored to lives of usefulness and value to this community; and at the same time he points out that we have never been adequately staffed so as to render a full measure of service, which is another way of saying what Dr. Marden of Rutgers University so aptly said: "If you have the money to do a good job."

Mayor William O'Dwyer has said that he considers us one of the most important Courts in the City, and that he wants to see it the best of its kind in the United States. We think we are able to attain this high objective if we are provided with an adequate probation staff, adequately paid and adequately serviced. Right now we have your support and your voice in convincing the City fathers that our budget request represents our minimum need and that it should be granted. If you will write that to the Mayor and to the members of the Board of Estimate, we won't know how to thank you.

Our recent annual reports give some indication of the results obtained in counseling service by our probationary staff, often assisted by our psychiatric clinic. In the Children's Court there is an Adjustment Bureau. About 80 per cent of the cases that pass through this Bureau, presided over by probation officers, never reach the courtroom. Then there are the probation officers who are in charge of boys and girls placed on probation or under supervision after Court action finding delinquency or neglect. Of the total probationers finally disposed of, 75 per cent are discharged with improvement.

In the Family Court, where the more serious problems are met with from the viewpoint of your Association, the probation staff assigned to intake has been successful in forestalling Court action in over 55 per cent of the total interviews. Our Judges are ever watchful to suggest referral to public and private social and church agencies. There are many of them, and they are most generous in responding to our requests. We wish that more of them could have representatives stationed in our Courts. There is a strategic advantage here which cannot be overestimated.

The Domestic Relations Court is really a name only. No Court of that name ever sits. It is a name used to designate the grouping of the Family Court and the Children's Court under a single administration. Sessions of these two Courts are held separately, even in separate courthouses in the three larger Boroughs, but the association is so close that a Judge sitting in Children's Court may, by a simple announcement, convene the Family Court, or vice versa. This practice is resorted to only in an emergency requiring immediate action.

The usual procedure would be to direct the filing of a petition in the other Court. This single central control stems from the theory that there is an entire family requiring attention and assistance in one respect or another, no matter whether the beginning is a child in the Children's Court for neglect or delinquency, or a wife, mother or poor relative seeking support in the Family Court. In the Family Court, the primary function is to compel support by those charged with that duty through family relationship.

Over five million dollars are received and paid out by the Support Bureau every year, but we count this no achievement or measure of our effectiveness. Although the Court has no powers as to divorce, separation or annulment, it is in practice the poor man's Matrimonial Court. Behind the need for bread, clothing and shelter, there is a marriage on the rocks, a breaking or a broken home, a cry for mental, physical, psychiatric or spiritual healing.

Our chief concern is to recognize underlying causes promptly and to arrange treatment. We may even compel treatment or hospitalization in acute situations where there is no voluntary acceptance. If we are successful, there is the reward of reconciliations or discontinuance of Court action.

I cannot resist the temptation, in closing, to call the attention of all of you to the folder which is distributed here today, particularly to the words of Dr. Wilbur:

“Thus shall we learn and teach truly how to live as persons, as partners in marriage, as parents, as members in a family.”

Then, if you want a real dessert when you get home, get out your book of poems and read the poem by Robert Burns entitled *John Anderson, My Jo*. (*Applause*)

MR. HERTEL: I will now call upon DR. STEVENSON, of the National Committee for Mental Hygiene, who will conclude the formal presentation.

DR. GEORGE S. STEVENSON: Mr. Moderator, first of all, I wish to express my appreciation and satisfaction for being called upon at this session of a sister member of the National Health Council, with whom the National Committee for Mental Hygiene has much in common, and also to the previous speakers on this panel for having voiced, better than I could, the fact that there is a mental hygiene element in the work of each one of their fields.

I say this because I want to make it the theme of what I have to speak about. If there is one thing that a well-experienced doctor learns, it is that he must not take the complaints of his patients at their face value. He must recognize that a patient comes to him somewhat confused; that many things have contributed to his concern. He must recognize that a patient comes to him with a preconceived idea of what sort of things he must present to a doctor and expect from a doctor. He expects that the doctor will evaluate him in terms of an organ and that, in return, he will give him a pill. That is the popular conception of the physician's role, and the patient tries to fit into it.

It is often merely a matter of chance that he comes to the doctor again and again as a symptom of a disorganizing family. It is a matter of chance whether he comes to the doctor, or to the court, or to a school as a problem of attendance or a problem of difficulty in learning, or to a social worker, or to a public health nurse, to his minister, or perhaps in industry to a Director of Personnel, who sees the problem of family disorganization in terms of low production and sees it in terms of absenteeism.

It is the problem of each one of these people to whom a person brings the symptom of family disorganization to help that person to clarify the meaning of this. It doesn't mean, because he is suspicious of the presenting symptom, that he takes an adverse or an antagonistic attitude toward the person who comes to him, but he must with very gentle touch help that person to understand the problem confronting him in its entirety.

So one of the very fundamental things confronting any of these groups to whom family problems come is a capacity to talk with another person. That has been referred to again and again in previous discussions here. It has been referred to as an essential in training. It has been referred to as a possibility, in an organization such as Mrs. Mudd is conducting, of further research, for she is there in a position to turn a microscope on her work and to create new facts and findings that can be of value to all of these professions.

As I said in the beginning, each one has expressed the element of mental hygiene in his own field, so I would say that there is no one of these fields that can be considered as the family counseling

agency. Each one of them will, whether he wishes to or not, indulge in family counseling. He will do it well or he will do it poorly, depending upon himself as a person and the technical equipment with which he comes to his job.

Some of these agencies or agents will be persons who are dealing with relatively normal people. The public health nurse who goes into a family to help them with their baby is not going in because there is a pathology, or a disease in the situation. She is dealing with a relatively normal group and she is brought into such with possibilities of family counseling. The doctor does that; the minister does that; the teacher does that. They stand in that front-line position.

The doctor again stands in a second-line position when he is doing a patchwork, when a problem is already created; and so does the social worker and the court and other agents. They cannot escape this responsibility.

Therefore, I believe that we can think in terms of a certain specialized effort in this field that forms a kind of a fountainhead for the things that all of these other professional workers do and that will define the training that they have and contribute to their body of knowledge.

There is just one warning that I think must be issued. When we speak of this function and we speak further of a specialized element in this function, we are selling something to the public. We are selling to the public the idea that there are top-notch people. The public as a rule is not in a position to distinguish who are the top-notch people. They are subject to many forms of education and pressure and salesmanship, and so there is a danger in this that it will be capitalized on by those who are not qualified at all and are not scrupulous in their presentations of service. Therefore, all of us must keep our wits about us to forestall such abuse which will in the end discredit the function as a whole. (*Applause*)

MR. HERTEL: Thank you, Dr. Stevenson, and the other members of the panel.

I now find that we do have a few minutes for discussion. I want to remind the members of the panel that the Moderator is not primarily responsible for asking the questions. I hope there will be a voluntary and free exchange of questions among members of the panel. However, I will start the ball rolling.

I have a question to ask of Dr. Zimmerman. You mentioned in your address that to stem the tide toward complete family disintegration, there is a need for mass moral education. You did suggest what we might do about that in a more or less general way, but I wonder if you would take time to develop that idea a little bit more. Tell us how and by whom.

DR. ZIMMERMAN: The importance of mass moral education is becoming increasingly obvious simply because, as acknowledged

here today, all of our social forces put together cannot possibly meet the great need for family counseling which exists everywhere. Consequently, if by a mass moral education we could handle a great many of these problems by convincing people at the start not to get into trouble, we might try, through family counseling, to meet the other problems.

My chief experience with mass moral education is to watch some of the agencies now which are interested in attempting to educate the American people about the extremely important problems which arise from the racial and cultural antagonisms and the differences of treatment which they always plan to give to minority groups. These people have developed, through various agencies, a great deal of mass education which is making it show that persons nowadays, even if they are antagonistic to other groups, are heartily permitted to make those statements.

I had a situation not long ago of a daughter of mine who feels very seriously about this racial antagonism. It involved a Catholic family who lived near us and who were speaking about the Jews. She got so angry that she refused to go to the house any more.

I had thought of mass moral education in the family as taking up some of the problems which are evident and obvious and attempting to control them at the source. I think that recent works which have been written on the subject dealing with these problems indicate that it can be done and that it should be done.

Now, if you want me to go further, I could outline a scheme, but I don't know whether anybody would do it or not.

MR. HERTEL: Who would like to hear Dr. Zimmerman's scheme? *(The audience responded with applause.)*

DR. ZIMMERMAN: Well, if we formed an organization for mass moral education about the family, we would have to raise a certain amount of money for operating expenses. That amount of money would, in my opinion, be about \$150,000. That would have to come out of donations which are in the usual tax sources, that is, it would have to be raised out of money from people who are allowed only 15 per cent contributions free of income tax.

After that organization is set up, it should call in the voluntary help of a great many of our best advertising men. Then, it should coordinate its activities with the national Social Hygiene Association and a number of other agencies and with our chief Protestant, Catholic and Jewish religious agencies. From these groups, various technical and scientific groups would decide what are the dominant problems which can be met by mass moral education.

I can illustrate that in the case of gonorrhoea. The idea has gotten around, particularly among the soldiers during the war, that gonorrhoea was only another cold and, as a soldier indicated to me, a young boy just fresh in the Army would put a pamphlet

with that idea in his back pocket and would go out and pay no attention to precautions to avoid gonorrhoea.

Unfortunately, however, that has its bad implications. In the first place, you cannot take a chance on gonorrhoea without taking a chance on syphilis, too. In the second place, it is purely my lay opinion that the so-called wonder drugs break down their ability to control even elementary forms of gonorrhoea when you repeat them all the time.

I have had my own experience in that type of thing as far as malaria is concerned, and I know that I never finally got rid of a great deal of tropical malaria of various kinds that I picked up in the tropics until I learned the idea of changing the kind of drug that I used every five days, when finally I broke it up.

Some researches of Dr. Clarke, of the Social Hygiene Association, indicate clearly that there are certain strains of the gonococcus germ which are resistant to the wonder drugs and which do not respond to treatment. I noticed that myself.

Now, what we face, if we do away with the ordinary standards of attempting to control gonorrhoea by leaving it entirely to the wonder drugs, is the gradual transition of types of gonococcus in existence, and if we pay no attention to the usual warnings and moral standards and mass education on the subject, we will finally end up with as much or more gonorrhoea than we ever had before, and it will be the more virulent type which is practically impossible to conquer.

Personally, if that idea, which I think is valid, is upheld by some of the medical men who are associated with the Social Hygiene Association, I don't see why that idea cannot be put on a matchbook—these little paper matchbooks—with sufficient words to explain the thing properly. Then we can pass that out in the ordinary advertising circles, from the advertising man's dollar.

I know that during the war one great national chain store gave 50,000,000 matchbooks to the United States Army Recruiting Service in order to have on those matchbooks merely the words that they were distributed by such-and-such store. I should say that if a quarter of a million matchbooks got out in the course of a year and were circulated through the United States of America, containing the truth about the wonder drugs and their influence upon gonorrhoea, it might have an effect in keeping with this particular development.

Now, if you go into the other questions of the family, the same thing could be done. It all could be handled largely in the same way as Institutes put out a great deal of interesting education on the racial problem. (*Applause*)

MR. HERTEL: Our radio technicians inform me that we can handle questions from the floor. Are there any questions from the audience?

QUESTION: I have a question concerning the triangular relationship of the family as a possible fixation or attachment with father or mother, which incapacitates the child for a satisfactory and free marital love life. If that is so, how would you suggest it be dealt with?

MR. HERTEL: Can you state the question a little more simply and perhaps state it into the microphone?

QUESTION: My question is, do you find that in the family there is a triangular relationship which makes for a fixation, or an attachment to father or mother, which in turn incapacitates the child for a satisfactory and free marital love life?

MR. HERTEL: I am going to turn that question to Dr. Gomberg.

DR. GOMBERG: I would like to sell it. (*Laughter*) If I understand the question correctly, it means what can you do in such an instance to help an individual overcome the emotional handicaps that derive from such a conflicting relationship? I wish that there were a simple answer and that I could say, "Here is the remedy; swallow it." But the answer I think is dependent on so many of the phenomena unique to the particular family and the particular child. Any generalization would, I suspect, be of very little value.

I can well conceive of mothers and fathers creating that kind of emotional blocking in children for very different reasons and causes, although the effects would be the same. My guess would be that for the treatment involved, one would have to proceed diagnostically and, therefore, differently, in each instance. Once having said that, I would favor one generalization; that is, that if a growing child is concerned—if you haven't waited to discover this until the child is now an adult faced with his own, if you will, neurotic complications—then to focus treatment on the child alone, with a hope that somehow you can be sufficiently powerful on your own counseling or therapeutic or casework skill—I think that is flying in the face of many of the things that we have said about family life all this morning.

If a young child is concerned, much as I do believe that a great deal of help must be afforded to him, unless qualified help can also be provided to parents willing to take and use help so that their attitudes, too, can be adjusted and modified, so that they can be helped to adjust their relationship to the child, to permit him normal emotional development—I do believe one would be undertaking a tremendous task.

MR. HERTEL: Are there any other questions from members of the panel? (*No response*)

MR. HERTEL: Well, I have one. Mrs. Mudd referred to the American Association of Marriage Counselors. I wonder, Mrs. Mudd, if you would tell us a little more about the organization and who is eligible for membership?

Mrs. MUDD: The American Association of Marriage Counselors is a young and, we hope, a growing group of individuals who are actively engaged in marriage counseling. These individuals come from different professional backgrounds. There are psychiatrists; there are doctors; there are social workers; there are sociologists who are members.

The requirements for membership are now being formulated in much greater detail. Dr. Robert Laidlaw, a psychiatrist here in New York, is the secretary of the Association at present. Membership applications with the statement for requirements as at present worked out are available at his office.

Dr. Samuel Wortis is the president of the Association and has just taken office. I believe he will be of much help and will contribute greatly during the coming year to standards for training and to general requirements and perspective in this field, which we all hope will have high professional attainment as well as useful work.

MR. HERTEL: Are there any questions from the audience?

QUESTION: Is it a good healthy mental state to keep a marriage together if the couple finds that they have to bend backwards to do so?

MR. HERTEL: The question is, is it healthy or a good thing to keep marriages together when the marriage partners have to bend over backward, that is, make enormous concessions, in order to live together? I would like to direct that question to Dr. Searle.

DR. SEARLE: I am going to follow the precedent by saying that I don't think you can generalize on that subject. That depends on how flexible people's backs are. (*Laughter*) I think one does see some cases where, particularly if there are children involved, that this process of bending backwards is going to put the parents in such unpleasant emotional attitudes that the children are going to suffer from it and it will leave a definite stamp there. In such case some form of separation is advisable.

However, I certainly think there are many instances where remedial processes can change the situation and perhaps limber up those backs a little so that the family can stay together as a unit, principally for the benefit of the children.

MR. HERTEL: That must have been a good question because Dr. Gomberg has requested to answer it also.

DR. GOMBERG: I think we are going to add to our diagnostic categories a question that tests the flexibility of the backs, Dr. Searle. (*Laughter*) Every day in the week scores of families are coming to us where I think one of the key questions that the counselor must ask of himself is that same one.

I don't believe that you can enter into a counseling process with a preconceived idea of what is right for that family. If you have

genuine skill, then you will help them work out the solution which is actually right for them.

We would hope that in a majority of instances those situations that contribute to the disturbances within the family are actually accessible to treatment, so that the family can be maintained as a unit for all of the reasons stated today.

However, when, for the emotional health and well-being of the respective individuals and their children, separation is indicated, it is anti-psychological, I think, to insist on finding ways of holding the family together. I would add this one point to it: That there is just as much skill, if not greater skill, in helping people to achieve a constructive separation as there is skill in helping people stay together. Therefore, the counseling service is as indigenous to the family that is trying to work out a healthy separation with the least injury to either individual or children as is the skill involved in helping families to stay together. (*Applause*)

MR. HERTEL: We have time for just one more question, and here it is. I believe this will be your question, Dr. Searle.

What would be the advice given in the very common instance of father and mother objecting to the child inter-marrying, and how can we reconcile this with the different faiths when the objection is strong?

DR. SEARLE: That, again, is a question which cannot be answered in general terms. In all faiths there are people who have deep-reasoned convictions, whose faith is based on principle. In all faiths there are people for whom faith is merely an inherited, more or less superstitious habit of mind and emotion.

It is a very vital question today. It is a question that many families that I know are facing. It is a question which I think no one else can answer for those families. They must answer in their own good conscience. As to how far you balance deeply held principle against very strong and very real emotional ties that seem to be binding the young people together, how frankly they face the fact that marriage at best is a very difficult thing, and that if you add a fundamental cleavage of religious ideals into the situation, you increase its difficulty, how fully and freely they are taught to respect each other as individuals, and as total individuals to be tolerant toward each other and to help each other in the things in which they differ as well as in the things in which they agree—I don't think there is any short, satisfactory answer to this. Again, I think it is a question for each individual case to be considered by itself.

I think that various religious bodies have to face the question more from the human viewpoint, let me say, than they have, less from the doctrinal viewpoint.

MR. HERTEL: It is customary for a Moderator to summarize a panel discussion. Fortunately for you, the time is getting short and

we do not have time for a lengthy summary. However, two or three main points do strike me as standing out in this discussion we have had this morning.

First of all, that marriage counseling requires basic skill; that theory, knowledge and practice must be integrated in the carrying out of the method of marriage counseling.

Secondly, as one member of the panel suggested, research and study of results is necessary to validate marriage counseling as a method. It was suggested that the time is now to begin careful study and research into the practice of marriage counselors.

Finally—and I think this has to do with the central question of this morning: "Whose job is marriage counseling"—I think that in answering this question, we were all impressed with the fact that we must recognize that family life and its problems impinge upon a great variety of social institutions and agencies. No single agency is equipped to meet every problem with which families must cope. For example, when a medical component is involved in a marriage difficulty, clinical facilities, medical facilities would necessarily be required.

Some marriage difficulties are related to religious conflicts, and here the pastor can be of great assistance. When a question of jurisprudence is involved, the courts would naturally have an important role to play.

We must recognize also—and I think this was brought out by various members of the panel—that marriage counseling is closely related to other types and kinds of family counseling. For example, problems of health and parent-child relationships and vocational adjustment problems are often bound up closely in the marriage difficulty.

It seems to me, then, that one of the conclusions that we have reached is that close understanding of the facilities that do exist in a community is required if we are to make the most effective use of the marriage counseling resources that do exist. Then again, planning is required in the orderly setting up and establishment of marriage counseling facilities.

Now, I know that Mr. Gillmor did not expect us to reach far-reaching conclusions this morning, but I think that you, Mr. Gillmor, and Dr. Clarke and the American Social Hygiene Association are to be congratulated for bringing this group together, to discuss from their own points of view a topic and a subject which has not only timely significance now but great significance for the immediate future.

MR. GILLMOR: I want to thank Mr. Hertel and the members of the panel for a most interesting discussion. Thank you all very much indeed for attending.

(Whereupon the morning session was concluded.)

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

Annual Conference of Social Hygiene Society Executives.—One hundred and twenty-five representatives of state and local social hygiene societies met with members of the American Social Hygiene Association's board and staff in their annual conference, held in New York City on March 3rd and 4th. The two-day program included the following topics and speakers:

Monday, March 3rd, 1947

Morning Session—9:30 A.M.

Presiding: MISS MABEL BAIRD, Connecticut Tuberculosis Association.

Speakers: *Where Do We Stand Today?* DR. WALTER CLARKE, ASHA Executive Director; *The Role of the Parent in the Child's Emotional Development*, DR. JEAN A. THOMPSON, Psychiatrist, Bureau of Child Guidance, New York City Department of Education.

Panel Discussion: *How Can We Reach the Child Through the Parent?* Moderator, FRED G. SCHEERER, Oregon Tuberculosis Association. Discussion leaders: ROY E. DICKERSON, Cincinnati Social Hygiene Society; MISS EDNA BOND, New Jersey Tuberculosis League; MRS. S. W. MILLER, Massachusetts Society for Social Hygiene; MISS CECILE WHELAN, Family Service Association of America; DR. FOSTER WOOD, Commission on Marriage and the Home, Federal Council of Churches; THOMAS E. CONNOLLY, New York State Committee on Tuberculosis and Public Health.

Luncheon Session—12:30 P.M.

Presiding: GEORGE NELBACH, Executive Secretary, State Committee on Tuberculosis and Public Health, New York State Charities Aid Association.

Speakers: MAJOR LOUIS N. ALTSHULER, MC, Chief, Venereal Disease Control Section, Preventive Medicine Division, Office of the Surgeon General, War Department; COMMANDER GEORGE W. MAST, MC, Officer in Charge, Venereal Disease Control Section, Bureau of Medicine and Surgery, Navy Department; DR. CARL F. WILZBACH, Health Commissioner of the City of Cincinnati, Chairman of the Ohio Social Hygiene Council, and President of the Cincinnati Social Hygiene Society; J. REAGAN ("TEX") McCRARY, Radio Commentator, National Broadcasting Company.

Afternoon Session—3:00 P.M.

Panel Discussion: *How Can Family Life Education Be Made Part of the School Curriculum?*

Moderator: DR. JOHN W. FERREE, American Social Hygiene Association.

Discussion Leaders: DR. J. A. GOLDBERG, New York Tuberculosis and Health Association; DR. H. F. KILANDER, National Tuberculosis Association; P. K. HOUBEK, Kansas City Social Hygiene Society; MRS. ESTHER L. SKEELS, Former Head, Department of Child Development and Parent Education, School of Home Economics, Utah State Agricultural College; MRS. GEORGE MOORHEAD, Division of Social Hygiene, E. C. Brown Trust, Oregon; SAMUEL T. ROBBINS, Mississippi Social Hygiene Association.

Tuesday, March 4th, 1947

Morning Session—9:30 A.M.

Presiding: DR. ROBERT N. HOYT, Joint Social Hygiene Committee of Cleveland Academy of Medicine, and Cleveland Health Council.

Speaker: *The Sexual Dilemma*, DR. JOHANN G. AUERBACH, Instructor in Psychiatry, New York Medical College.

Panel Discussion: *Early Marriage—Can It Be Made Possible?*

Moderator: MRS. MEREDITH NICHOLSON, JR., Indianapolis Social Hygiene Association.

Discussion Leaders: MRS. JAMES W. SEVER, Rhode Island Social Hygiene Association; SAMUEL SLAVSON, Director, Group Therapy Division, Jewish Board of Guardians, New York; MRS. FLORENCE J. SANDS, Dayton Social Hygiene Association; PETER KASIUS, Regional Director, Social Security Board; LOUIS HARRIS, National Director of Program and Research, American Veterans Committee; DR. HELEN P. LANGNER, Psychiatrist, New York Hospital; Attending Psychiatrist, Greenwich Hospital, Greenwich, Connecticut; RABBI SIDNEY E. GOLDSTEIN, Free Synagogue, New York City.

Luncheon Session—12:30 P.M.

Presiding: BAILEY B. BURRITT, Executive Director, National Health Council, and Chairman, ASHA Executive Committee.

Speakers: DR. JOHN R. HELLER, JR., Chief, Venereal Disease Division, United States Public Health Service; DR. BASCOM JOHNSON, JR., Assistant Chief, Dermatology and Syphilology Section, Veterans Administration; ALBERT DEUTSCH, Health and Welfare Columnist, *PM*; DR. WILLIAM F. SNOW, Chairman, Board of Directors, American Social Hygiene Association.

Afternoon Session—3:00 P.M.

Presiding: MISS MARIE GOULETT, Tuberculosis and Health Association of Rochester and Monroe County, New York.

Speaker: *Marriage in the Modern World*, BRADLEY BUELL, Executive Editor, Survey Mid-monthly.

Panel Discussion: *Whose Job Is Marriage and Family Counseling?*

Moderator: MRS. CHARLES CENTER, Georgia Social Hygiene Council.

Discussion Leaders: MR. DICKERSON; MRS. EMILY H. MUDD, Marriage Council of Philadelphia; DR. ROBERT W. SEARLE, The Protestant Council of New York City; MR. HOUDEK; DR. GEORGE S. STEVENSON, National Committee on Mental Hygiene; DR. M. ROBERT GOMBERG, Jewish Family Service of New York City.

Closing Address: DR. RAY LYMAN WILBUR, ASHA President.

President Johnson of Fisk Honored in New York.—Doctor Charles Spurgeon Johnson, the first Negro president of Fisk University, Nashville, Tennessee, and a Vice-President of the American Social Hygiene Association, was honored at a dinner at the Hotel Pennsylvania, New York City, on February 14th at which the hosts were the trustees and alumni of the University and his many friends in New York.

Doctor Johnson, a sociologist, stressed in his address on this occasion the need for a social approach to national problems which

would reach beyond national boundaries and a practical approach to world problems that would recognize the world as it is.

As a member of the United States delegation to UNESCO and a participant in the first General Conference of this United Nations agency, held in Paris last November, Professor Johnson is having an active part in efforts towards this end.

National Social Welfare Assembly Holds First Annual Meeting.—January 27th and 28th were the dates of the National Social Welfare Assembly's first Annual Meeting, held in New York City. Speakers included Mr. Charles P. Taft, the Assembly's 1946 President; Dr. Archibald MacLeish, Deputy Chairman of the United States Delegation to the Paris Conference of the United Nations, November 1946, and Dr. Kirtley F. Mather, Professor of Geology at Harvard, whose address on *Catching Up with Science* set an all-time high for interest and practical value. The sessions included the Annual Business Meeting of the Assembly, meetings of Committees and Divisions of Assembly to plan 1947 activities, and a dinner meeting of the presidents of affiliate organizations.

Officers elected and re-elected for 1947 are: *President*, Mr. Fred W. Ramsey, of Cleveland and Washington, D. C.; *Vice-Presidents*, Mrs. Samuel C. Harvey, New Haven, Connecticut; Mrs. Paul T. Kammerer, Jr., New York; Mrs. G. Howland Shaw, Washington, D. C., and Dr. James Stevens Simmons, Cambridge, Mass.; *Secretary*, Helen Walton Leovy, Pittsburgh, Pennsylvania; *Treasurer*, G. Warfield Hobbs, 3rd, Westport, Connecticut.

Prizes Awarded to Negro Colleges for Outstanding Social Hygiene Work.—The State Agricultural and Mechanical Institute of Normal, Alabama, was awarded First Prize for the excellence of its Social Hygiene Day 1946 observance, with Bishop College of Marshall, Texas, Elizabeth City State Teachers College of Elizabeth City, North Carolina, and Dunbar Junior College of Little Rock, Arkansas, receiving Second, Third and Fourth Prizes respectively. This contest, sponsored by the American Social Hygiene Association and the National Student Health Association, was open to all Negro colleges. Twenty-seven colleges submitted their Social Hygiene Day projects, which were carefully evaluated by a committee appointed for the purpose. The winning project showed good organization, newness in approach, presented sound facts, and was designed to reach not only the student body but the community as a whole. Prizes, as in former contests, consisted of a selection of suitable books on social hygiene and subscriptions to the JOURNAL OF SOCIAL HYGIENE.

Honorable mention for their projects was awarded to Kittrell College, Kittrell, North Carolina; West Virginia State College, Institute, West Virginia, and Jackson College, Jackson, Mississippi.

National Society for Prevention of Blindness Appoints New Executive Director.—The National Society for the Prevention of Blindness has announced the appointment of Franklin M. Foote, M.D.,

to the position of Executive Director, to succeed Mrs. Eleanor Brown Merrill, who is retiring after more than twenty-five years service, the last eight as Executive Director.

Doctor Foote holds degrees of B.S., M.D. and Dr.P.H. from Yale. During World War II, he served as Major in the Army Medical Corps. He was formerly District Health Officer of the Kips Bay-Yorkville Health District of New York City and Chief of the Division of Local Health Administration, Connecticut State Department of Health. He is Assistant Professor of Public Health and Preventive Medicine at Cornell University Medical College and has been associated with the National Society for the Prevention of Blindness since 1946, when he joined its staff as Medical Director.

Congress on Medical Education and Licensure Meets in Chicago.—The Forty-third Annual Congress on Medical Education and Licensure sponsored by the American Medical Association's Council on Medical Education and Hospitals, and the Federation of State Medical Boards, met in Chicago February 9-11, to consider post-war problems of medical education. The attendance included 400 deans and professors of medical schools, representatives of national education and endowment foundations, members of state examining boards, and representatives of the Army, Navy, and Veterans Administration.

Speaking of the problems to be considered by the Congress, Dr. Victor Johnson, AMA Council Secretary, said:

“The termination of the war and the demobilization of the army have produced problems which in many ways surpass in difficulty those created during wartime. The extreme overcrowding of undergraduate universities and colleges, the reconversion of the medical school program, the unprecedented demand for residency training and the affiliation of medical schools with veterans' hospitals are a few of the important issues to be met.”

Admiral Workman Retires.—Rear Admiral Robert DuBois Workman, Chief of Navy Chaplains during World War II, retired from active duty on February 28, 1947, after thirty-two years of service. At a ceremony held in his honor at the offices of Rear Admiral Monroe Kelly, Commandant of the Third Naval District, in New York City, he was presented with a watch in behalf of his associates, on which was inscribed the time-honored Navy commendation, “Well Done.” Numerous tributes were paid him by former colleagues in the Army and Navy and of the Protestant, Catholic and Jewish faiths.

National Heart Week.—Doctor Thomas Parran, Surgeon General of the United States Public Health Service, opened the first National Heart Week observance by a coast-to-coast broadcast on February 10th, in which he urged cooperation with the American Heart Association in its campaign of prevention and research aimed at lowering the annual mortality from heart disease. Doctor Howard F. West,

President of the Association, who also took part in the broadcast, stated that since its founding in 1924 his agency had concerned itself chiefly with the medical aspects of controlling heart disease. This year's activities, said Doctor West, will include the "most comprehensive educational program about heart disease that has ever been conducted in the country."

National Congress of Parents and Teachers Marks Fiftieth Year.—

On February 17, 1897, a small group of women meeting in Washington founded an organization to do something for America's school children. That organization, the National Congress of Parents & Teachers, now numbers 4,000,000 members living in every state and community of the country. Its friends and admirers greet the organization as it begins its golden jubilee year. The Golden Jubilee Convention is scheduled to be held in Chicago on June 2, 3 and 4.

National Catholic Conference on Family Life.—Two thousand Catholic leaders and clergymen attended the annual National Catholic Conference on Family Life in Chicago, March 14. Quotations from newspaper accounts of the Conference bear promise of a volume of interesting, thought-provoking and timely *Proceedings*, to which we may look forward.

The Reverend Edgar Schmiedeler, O.S.B., Director of the Family Life Bureau of the National Catholic Welfare Conference, Washington, D. C., listed the means by which the church in doctrine and practice upholds the family institution and called for every Catholic to "join your efforts under the guidance of the church in a mighty crusade to restore Christian family life to what God had originally intended it."

At the pontifical high mass opening the Conference, Samuel Cardinal Stritch, Archbishop of Chicago, said in his sermon: "Matrimony is a divine institution, and no human power can change the fundamental divine constitution of the family."

A highly dramatic affirmation of acceptance of the sacredness of marriage and of belief in the necessity to strengthen ties of family life in our time was demonstrated by a mass renewal of wedding vows on the part of hundreds of married couples at St. Andrew's Church in Chicago as part of the opening of the Conference.

Alcoholism Studied at Medical Conference, \$150,000 Granted for Research.—

An all-day conference on causes and cures for alcoholism was held on January 8 at the New York Academy of Medicine, jointly sponsored by the Academy and the Research Council on Problems of Alcohol, an associated society of the American Association for the Advancement of Science. Dr. Anton J. Carlson, President of the Research Council and recently-elected member of the ASHA Board of Directors, was chairman of the conference which included talks by Judge Edgar Bromberger, Chief Magistrate of the City of New York; Dr. Edward Bernecker, Commissioner of Hospitals; Dr. Seldon D.

Bacon, Assistant Professor of Sociology at Yale and Chairman of the Connecticut Commission on Alcoholism, and Dr. Hubert S. Howe, Chairman, Subcommittee on Treatment Facilities for Alcoholics of the Committee on Public Health Relations, New York Academy of Medicine.

The conference was called as a result of findings of a recent study by the Subcommittee which revealed inadequacies of hospitals and clinics in New York City for treatment of alcoholics. The fields of medicine, law, education and government were represented in the group that discussed why there are 750,000 compulsive drinkers in the United States and what steps should be taken to deal competently with the situation. The conference was an important step in the recognition of alcoholism as a matter of medical and community concern.

Following the conference it was jointly announced by Dr. Lyman C. Duryea, Medical Director of the Research Council, and Dr. Joseph C. Hinsey, Dean of Cornell Medical College, that the Council had given to Cornell the first of five annual \$30,000 checks to finance a five-year, \$150,000 research project at the New York Hospital—Cornell Medical Center, 68th Street and the East River in New York. The research will be under the direction of Dr. Oskar Diethelm, professor of psychiatry at Cornell and psychiatrist-in-chief of the New York Hospital. For some time the project will be focused on the study of causes of alcoholism rather than how to treat it. The program calls for the study of a limited number of individual patients over the five-year period, with patients being studied from every possible approach—physiologic, psychologic, and sociologic. The Research Council, which was organized in 1937, and now in its tenth year, hopes to enlist the interest and support of various industries, foundations and individuals so that projects related to the New York Hospital—Cornell Medical Center studies can be undertaken in other leading medical centers.

PERCY S. PELOUZE, M.D.

The death of Percy Starr Pelouze, M.D., at his home in Philadelphia, Pennsylvania, on March 13, 1947, came as a great shock and sorrow to his friends and colleagues in the American Social Hygiene Association, of which he had recently been elected a vice-president after serving as a member of the Board of Directors for six years. In a lifetime of work for social hygiene objectives, Dr. Pelouze was widely known and well loved. His services during the recent World War, when he closed his office and set forth as a U. S. Public Health Service representative to lecture before medical social work and nursing groups on his pet subject the *Diagnosis and Treatment of Gonorrhoea*, will always be remembered by those who had the privilege of hearing him. His authorship of a number of books in this field was also highly important. Dr. Pelouze was made an Honorary Life Member of the Association in 1945.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Community Service
American Social Hygiene Association*

California: San Diego: Dr. Fielstra Joins University of California Staff.—Dr. Clarence Fielstra, since 1923 Director of Curriculum and Associate Superintendent for the San Diego County Schools, and a member of the San Diego Social Hygiene Association's Executive and Planning Committee, became as of February 15 Associate Professor of Education and Head of Education, Extension Service, at the University of California, Berkeley. Prior to coming to San Diego, Dr. Fielstra's professional experience included public school administration, teaching at the University of Michigan, and directing the teacher training program at Stanford University.

Colorado: Denver Begins Health Activity Appraisal.—The March issue of the *Denver Public Health Council Bulletin*, reports that Dr. Edward G. McGavran, Head of the Department of Public Health and Preventive Medicine of the University of Kansas School of Medicine, visited Denver during the first week of February to direct the start of an appraisal of public health activities. Several months of time and full cooperation of all health agencies will be required for assembling the data which must be analyzed and interpreted under Dr. McGavran's direction. The *Evaluation Schedule* developed by the Committee on Administrative Practice of the American Public Health Association, will provide the guide to the data to be assembled by the official agencies and certain voluntary health agencies, includes information on *Community Health Education, Communicable Disease Control, and Syphilis and Gonorrhoea Control*.

The *Bulletin* also announces that tentative plans for the annual meeting of the Colorado Public Health Association are for a two-day session at the Antlers Hotel in Colorado Springs on May 16 and 17.

Colorado: VD Subject of Pueblo Social Agencies Meeting.—A membership meeting of the Pueblo Council of Social Agencies, held on February 28th, a luncheon session at the Vail Hotel, was devoted to a panel discussion of *Veneral Diseases—A Community Challenge*.

Participating in the panel were Dr. Irving Clyman, Medical Director, Community Clinic; Mrs. William R. Major, Pueblo County Council, P.T.A.; Bert L. Beaty, City Commissioner of Health, and Miss Edna Geissler, ASHA Field Representative. Millard V. Powell, Executive Secretary of the Family Service, acted as chairman. The program was arranged by the Council's Program Committee in cooperation with the Social Hygiene Committee.

Illinois: Chicago: Association for Family Living Holds Institute.—The Association for Family Living is expanding its interest in family life to attack those problems which are found among the aging population. Dr. Lester A. Kirkendall, Director, announces in the February *Newsletter*, one day institute on *The Older Person and The Family* was held on February 26th. Subjects and speakers included:

Our Aging Population, Dr. Robert Havighurst, Committee on Human Development, University of Chicago; *Psychological Problems in Aging*, Dr. Katherine Whiteside Taylor, Specialist in Education for Family Life, YMCA, University of Illinois; *Family Relationships of the Older Person*, Ruth Shonle Cavan, Lecturer in Sociology, Rockford College, former Research Associate on Social Adjustment in Old Age, Social Science Research Council; *Community Resources for the Aging Population—Available and Needed*, Mary Young, Council of Social Agencies of Chicago.

Other courses which the Association gave during February and March were *The Pre-Adolescent* (growth and development course), led by Gladys Gardner Jenkins, and a course on *The Adolescent in the Group*.

The annual meeting of the Association for Family Living was held on April 23rd at the Standard Club. Dr. Mary Fisher Langmuir of the Department of Child Study, Vassar College, and president of the Child Study Association of America, addressed the meeting on *The Family Is Our Future*.

Illinois: Chicago Council of Social Agencies Adds to Staff.—Milton L. Shurr has joined the staff of the Council of Social Agencies as Associate Secretary of the Health Division. Mr. Shurr was formerly Co-ordinator and Health Educator in the Tulsa (Oklahoma) Department of Health.

Massachusetts: Course for Public Health Workers at Harvard School of Public Health.—The Middlesex Health Association, in cooperation with the Harvard School of Public Health and North Metropolitan Health District, sponsored a course during April and May for Public Health Workers on *What's New in Public Health*. Members of the faculty of the Harvard School of Public Health and others gave the course which consisted of twelve lectures. Dr. Walter Clarke, ASHA Executive Director, lectured on *The Newer Knowledge of Venereal Disease Control*.

Health officers, board of health nurses and agents, school nurses, industrial nurses and health educators who work in Middlesex County, were invited to make application for the course, which was given without charge. Enrollment was limited to about forty in order to keep the discussions lively and valuable to all and those enrolled were expected to attend the entire course.

Massachusetts: Springfield YMCA Sponsors Youth and Marriage Series.—The Youth Council and Program Office of the Springfield Young Men's Christian Association offered a course on *Youth and Marriage* on Wednesday evenings during February 5–March 12th. An interesting series of formal discussions and lectures constituted the program. The last session was a panel discussion consisting of couples married a few months, one, two and five years, respectively. The movies shown, subjects discussed and speakers were:

February 5—Movie: *You and Your Friends, You and Your Family*; Subject: *Preparation for Marriage*; Speaker: Madeline McChesney, Exec. Secy., Western Branch, Massachusetts Society for Social Hygiene.

February 12—Movie: *Alice Adams*; Subject: *Marriage*; Speaker: Miss McChesney.

February 19—Movie: *The Wrong Way Out*; Subject: *Marriage in Practice*; (a) *Economic and Social Responsibilities*; Speaker: Professor Holmes Vander Beek, Springfield College.

February 26—Movie: *Men in White*; Subject: *Marriage in Practice*; (b) *Intellectual and Religious Responsibilities*; Speaker: Professor Vander Beek.

March 5—Movie: *Splendor*; Subject: *Marriage in Practice*; (c) *Sexual and Emotional Compatibility*; Speaker: Dr. J. A. Whitney, Psychiatrist, Springfield, Mass.

March 12—Movie: *Your Way for Tomorrow*; *Wednesday's Child*; Subject: *Successful Marriage*; Panel Discussion led by Philip W. Breux, Program Director, Young Men's Christian Association.

The films used are prepared by the New York University School of Education. The Springfield Young Men's Christian Association obtained them locally from the Bay State Film Productions, Inc.

There was an average attendance of 110. A charge of \$1.00 was made for the series.

Montana: Missoula Organizes Social Hygiene Group.—The highlight of the observance of Social Hygiene Week, February 2–8, in Missoula, was the formation of the Missoula Social Hygiene Society. Officers elected are: President, Mr. H. K. Larsen, Principal of Franklin School, active in Junior Chamber of Commerce, Parent-Teacher Association, and other groups; Vice President, Mrs. Dallas J. Reed, President, Montana Parent-Teacher Association and Executive Secretary of the Missoula Community Chest; Secretary-Treasurer, Miss Dorothy Hagen, Public Health Nurse. Mr. Robert Rees Dansie, ASHA field representative, assisted in the formation of the new society.

A resolution was passed to back the premarital and juvenile delinquency study bills. The Junior Chamber of Commerce went on record as favoring the premarital bill.

Congratulations to Missoula citizens on being the first city in the state to organize a Social Hygiene Society.

New York: Increase in Venereal Disease Infections in Males in New York City.—At the opening session of a two-day conference of Industrial Nurses of the New York State Nurses' Association, held on March 1–2 at the Pennsylvania Hotel, Dr. Theodore Rosenthal, director, Bureau of Social Hygiene, New York City Department of Health, declared that during 1946 the number of infected men increased 47.4 per cent over 1945, while the women showed a decrease, the rise being due chiefly to the return of the troops. The 1946 infections almost doubled those in 1941, with 31,332 cases in 1946 and 16,074 in 1941. He warned that "each one of these infected former service men now represent a potential infection in his community."

Dr. Rosenthal urged that industry not refuse to employ men and women because their blood tests are positive.

“Just because a man has a positive Wassermann doesn't mean that he has syphilis or that he is not employable,” he said, “there are a number of non-syphilitic conditions that give rise to false positive blood tests, such as malaria or bronchial pneumonia. Many millions of American troops were serving their country in areas where there was malaria. A certain number will have positive blood tests for syphilis although they are non-syphilitic. Think of a man who's gone to war for his country who comes back and takes a blood test which turns out positive, and that's his only bar to employment. Remember that the blood test gives no indication of infectiousness.”

New York State Charities Aid Association Has New Director.—

The Board of Directors of the SCAA has elected Rowland Burnstan as Executive Director to succeed Homer Folks who resigned recently (see March JSH). Mr. Burnstan took office on March 1, 1947. An economist, educator and executive, he is fitted by long experience to fill this important position.

A native of Scranton, Pennsylvania, Mr. Burnstan is a graduate of Lafayette College, and holds degrees of Ph.D. from Columbia University and Sc.D. from the University of Chicago. He is the author of various works on economic subjects and the development of aeronautics. The SCAA Board of Managers, it was announced by Winthrop W. Aldrich, president, consider that:

“Mr. Burnstan's broad experience in education, research, industry, taxation and public affairs well qualify him as the executive officer of the Association.”

Rhode Island Social Hygiene Association Institute on Family Life Problems.—

An all-day institute for parents and leaders of youth on *Family Life Problems* was held on February 20th at the Narragansett Hotel, Providence, Rhode Island. Seminars were limited to 35 in each group, meeting from 10:00 on to 12:00 noon and from 2:00 P.M. to 4:00 P.M. The same seminar group remained together for both morning and afternoon sessions. The seminars covered the following subjects:

1. *Problems of Parents as They Affect Children.* Adjustments within the family.
2. *The Pre-School Child and His Problems.* The growth, development and problems of little children.
3. *The School Age Child and His Problems.*
4. *Discipline—Wise or Otherwise.* Meaning of discipline in lives of children of all ages—newer techniques in its application.
5. *Problems of the Adolescent.*

A leader and coordinator were assigned to each seminar. At a luncheon meeting held in connection with the Institute, Mrs. Dorothy Waldo Phillips, Youth Consultant, Lansdowne, Pennsylvania, was the guest speaker on *Learning How to Live With Our Children*. Dr. Hugh E. Kiene, President of the Rhode Island Social Hygiene Association, presided.

The Institute audience numbered about sixty, representing a cross-section of professional workers and parents, many attending from out-of-town areas, with additional people present at the lunch-

con meeting. Public interest was evidenced by several newspaper accounts of the seminars, with particular interest shown in Mrs. Phillips' address at the luncheon which was given a feature write-up with picture in the *Evening Bulletin*.

Many of our readers will be interested to know that abstracts of the *Youth and Marriage* series of lectures referred to in an article on *Rhode Island Serves Her Youth*, ASHA Pub. No. A-666 by Josephine D. Sever, are now available in pamphlet form. Copies may be obtained for 25 cents from the Rhode Island Social Hygiene Association, 109 Washington St., Providence.

West Virginia Social Hygiene Societies.—The JOURNAL reports with pleasure on progress of three new citizen groups in Huntington, Raleigh County and Marion County, West Virginia:

The Huntington Social Hygiene Association, organized April 1st, 1945, held its second annual meeting on January 14th, electing as officers:

President, Verne S. Carpenter; Vice-President, Mrs. J. H. Stone; Secretary, Mrs. Louise Clark Blanchard; Treasurer, Homer Gebhardt. Board of Trustees: R. J. Wilkinson, Jr., Chairman; Dr. C. F. Jaskiewicz; Mrs. Stone, Miss Charlotte Gluck, Mr. Gebhardt; Mrs. R. L. Baughan, Mrs. H. S. Klein, Jackson N. Huddleston, Dr. J. Maurice Trimmer, G. Don Miller, Jr., and Mrs. Blanchard.

Committees were appointed as follows: *Membership*, Mrs. Klein, chairman, Mrs. Stone, Mr. Miller; *Public Education and Information*, Mr. Wilkinson, chairman, Mrs. Blanchard and Miss Gluck; *Medical Advisory*, Dr. Robert J. Wilkinson, chairman, Dr. Ray M. Bobbitt, Dr. C. A. Hoffman; *Finance*, Mr. Miller, chairman, Mrs. Baughan, Mr. Gebhardt.

Huntington observed Social Hygiene Day by three radio talks and spot announcements over Station WSAZ, and talks before the Civitan Club and other local groups.

A speakers' bureau has been organized by the Huntington Association and a membership campaign is under way. The group released in March the first number of a mimeographed *Social Hygiene News*, planned for publication each month. (A growing number of community groups is adopting this inexpensive device to keep the community informed of what they are doing.) The Association headquarters are at 1119 Sixth Avenue, Huntington.

The Raleigh County Social Hygiene Association was formed on February 17, 1947. Officers elected are: Chairman, James Deck, Assistant Superintendent of Raleigh County Schools; Vice-Chairman, Larkin S. Philpott, UMW Regional Director; Secretary-Treasurer, Mrs. Carolyn A. Bibb, Women's Club.

The Marion County Social Hygiene Committee, of which Robert K. Powell, 419 Locust Street, Fairmont, is chairman, organized in 1946, continues to operate as a sub-committee under the County Lay Health Council.

WORLD NEWS AND VIEWS

JEAN B. PINNEY and JOSEPHINE V. TULLER
Director *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES
AND ACTIVITIES

News from the United Nations

Economic and Social Council

President: SIR RAMASWAMI MUDALIAR, India. *First vice-president:* DR. JAN PAPANEK, Czechoslovakia. *Second vice-president:* DR. ALBERTO ARCA PARRO, Peru. *U. S. A. Representative (Acting):* LEROY W. STINEBOWER.

Eighteen nations are represented on the Council, including, besides those named above: Byelorussian Soviet Socialist Republic, Canada, Chile, China, Cuba, France, Lebanon, Netherlands, New Zealand, Norway, Turkey, Union of Soviet Socialist Republics, United Kingdom.

Two departments of the UN Secretariat are assigned to assist the Council and its Commission: Department of Economic Affairs, headed by A. D. K. Owen, Assistant Secretary General, and Department of Social Affairs, headed by Professor Henri Laugier, Assistant Secretary General.

4th Session, Interim Headquarters, Lake Success, N. Y., February 28-March 29

During the four week session a heavy agenda was considered, made up of the reports and recommendations of eight ECSOC Commissions which have met since the Council's third session last October, plus various resolutions referred by the General Assembly.

Among reports and recommendations were those of the Social Commission, Commission on Human Rights, and the Commission on the Status of Women. Action taken on these and other topics considered will be reported in the May JOURNAL.

News of the International Agencies

Conference of International Organizations.—More than 100 agencies interested in promoting international goodwill and cooperation sent some 250 representatives to the First General Conference on Non-Governmental Organizations convened by Department of Public Information the United Nations, at Lake Success, New York, February 10 to 14.

Delegates had an opportunity to meet UN Secretary-General Trygve Lie at a reception given by the Department of Public Information on the opening day. At the first session, they were addressed by Tor Gjesdal, director of the department, on behalf of Benjamin Cohen, Assistant Secretary-General for Public Information, who is absent on an official mission to South America; by Andrew Cordier, executive assistant to the Secretary-General; and by Jan Stancyk, director of the Department of Social Affairs. The Section on the Status of Women of the Department of Social Affairs gave a reception to women delegates during the conference.

Representatives of the various organizations were able to get a close view of the day-to-day operations of the United Nations by attending meetings of the Security Council and of various commis-

sions which were in progress at the time. Sessions of the conference were addressed by directors of the divisions of the Department of Public Information, who explained United Nations activities in the fields of press, radio, film, visual information, publications, research, overseas information centers and speakers' aids. There were showings of special documentary films and of the first of a series of official film strips.

Members of the UN Departments of Economic and Social Affairs, who work in fields with which many of the organizations are concerned, spoke at the conference sessions, and a day and a half was devoted to discussions led by representatives of the specialized agencies.

During the conference at Lake Success, several resolutions designed to guide and influence the policy and activities of the Department of Public Information, were passed.

Final event of the week was a largely attended dinner on Friday evening, February 14, at the Hotel Roosevelt, under the auspices of the World Federation of United Nations, with Louis Dolivet, international editor of *United Nations World*, the new unofficial monthly magazine, presiding, and Mrs. Franklin D. Roosevelt as chief speaker.

Other speakers were Major John A. F. Ennals, secretary-general of the World Federation of United Nations Association; James B. Orrick, chief of the Section for Non-Governmental Organizations in the Secretariat, who was chairman of the conference; Clark M. Eichelberger, director of the American Association for the United Nations; and representatives of the four organizations which have consultative status with the Economic and Social Council—the World Federation of Trade Unions, the American Federation of Labor, the International Chamber of Commerce and the International Co-operative Alliance.

Among social hygiene guests at the dinner were Dr. and Mrs. William F. Snow, Prof. and Mrs. Christopher Lukas, Mr. Bernard H. Flurscheim, Mr. Bascom Johnson, Miss Eleanor Shenehon and Miss Jean B. Pinney.

Association for the United Nations Holds All-day Conference.—

Previous to the UN Conference of International Organizations at Lake Success, the AUN called an all-day conference, attended by many of the delegates, at Essex House, on February 8. Subject was *The United Nations in 1947*, and joining in sponsorship were the Church Peace Union, the Commission to Study the Organization of Peace and the World Alliance for International Friendship through the Churches. Morning and afternoon sessions provided opportunity for an impressive group of speakers, which included Senator Warren R. Austin, whose discussion jointly with Quincy Wright on *How Near Are We to Real Security and Disarmament?* furnished a masterly analysis of this question. Others participating were Clark M. Eichelberger, Andrew W. Cordier, Leroy D. Stinebower, Isadore Lubin, Victor Chi-Tsai Hoo, Benjamin Gerig, Frederick Nolde, Carlyle Morgan, and Robert C. Dexter. Presiding at the morning session was James T. Shotwell, with Carl Hermann Voss in the chair from 2:00 P.M. on.

Federated World Government Discussed.—More than 500 delegates and observers from 16 organizations, coming from 24 states of the United States convened in Asheville, North Carolina on February 21 for a three-day discussion of a federated world government. Among the sponsoring organizations represented were:

World Federalists, U. S. A.; Student Federalists, Students for Federal World Government, Action for World Constitutional Convention, American War Dads, Committee to Frame a World Constitution, Campaign for World Government, Americans United for World Government, World Citizenship Movement, World Government Committee of A. R. O. E. S., World Fellowship and the Massachusetts Committee for World Federation.

Speakers at the conference included Fyke Farmer, of Nashville, Tennessee, chairman of the American Lawyers' Committee for World Federation; Fred S. Carney, vice-president of the World Republic; Mark Van Doren, poet and educator; Dr. Frank P. Graham, president, University of North Carolina, and Norman Cousins, editor of the *Saturday Review of Literature*. The two latter speakers urged that the conference objectives be sought through the channels furnished by the Charter of the United Nations.

The sessions, called by the Movement for Federal World Government, grew out of an international conference held last October in Luxemburg.

France: School Health Conference in Paris.—Announcement has been made of a Congress of School and University Hygiene, to be held in Paris, June 25 to 29, 1947, under the auspices of the Ministers of National Education and Public Health, with the French Society of School Hygiene and the Society of Medical Inspectors in charge of organization plans.

It is hoped that physicians in charge of school hygiene in the different countries will take part by attending and participating in the topics set for the agenda, or by contributing communications on other subjects.

It is expected that a proposal will be made at the Congress for setting up an International School Health Association to undertake organization of periodical conferences and establishment of closer relations and contacts between physicians and others concerned with the important problems related to school hygiene.

Recent Publications of International Social Hygiene Interest

Periodicals

United Nations Weekly Bulletin. The *Bulletin*, an illustrated 16 page magazine is the official chronicle of UN events and may be secured for 15 cents a copy, \$6.00 a year, from the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.

—February 4. *World Population Problems. Membership of Population Commission. Opening of Human Rights Commission. Yearbook on Human Rights to Be Published. United Nations Film Board.*

- February 11. *UNESCO Calls Conference on Reconstruction. Commission on Status of Women. Conference of International Organizations.*
- February 25. *Economic and Social Council. Social Commission's First Session. International Statistics. Commission on Human Rights Meets. International Organizations Conference Ends.*
- March 4. *Commission on Status of Women. Aims of the Commission. Population Commission's Program. Year of Progress in World Health.*
- March 11. *A Guide to the Economic and Social Council. Links with ECSOC: Consultative Status of Non-governmental Organizations.*
- March 25. *Economic and Social Council Discusses: Genocide, Human Rights, Children's Fund, Scope of Social Commission's Work. Progress in World Health: Interim Commission to Meet in Geneva, March 31.*

World Events—Current and Future

(Dates subject to revision)

United Nations Meetings

(At Lake Success, New York, unless otherwise noted)

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|---------------------|--|
| March 31
Geneva | Interim Commission, World Health Organization. |
| April 28 | General Assembly—Special session. |
| July 19 | Economic and Social Council, Fifth Session. |
| August 25
Geneva | Commission on Human Rights. |
| August 28 | Social Commission. |
| September 16 | General Assembly. |

Other Events

- | | |
|--|--|
| March 17
Lima, Peru | Seventh Pan American Conference on Tuberculosis. |
| April 14
Geneva | International Red Cross Committee. |
| April 16–23
Guatemala | Inter-American Congress of Women. |
| April 22–26 | World Council of Churches (provisional committee, Buck Hill Falls, Pa.). |
| May 11–16
Atlantic City
New Jersey | Ninth Quadrennial Congress, International Council of Nurses. |
| June 2
Montreux
Switzerland | International Chamber of Commerce, Eleventh Congress. |
| June 6
Caracas
Venezuela | Inter-American Institute for the Protection of Childhood, International Council |
| Summer 1947
Lima, Peru | Pan American Congress of History of Medicine. |
| June 22–29
Paris | World Congress on the Family and Population. For further information address National Social Welfare Assembly, 1790 Broadway, New York, or Miss Andree Roche, French Embassy, 1329 18th St., N.W., Washington, D. C. |
| June 24
London | Conference of International Association of Maternity and Child Welfare Centers |
| June 25–29
Paris | Congress of School and University Hygiene. (See item in foregoing pages.) |
| July 10
Copenhagen | Fourth Congress of Microbiology, convened by the International Union of Biological Sciences. |

NOTES ON LAWS AND THEIR ADMINISTRATION

GEORGE GOULD

*Acting Director, Division of Law Enforcement and Social Protection,
American Social Hygiene Association*

Ten Congressional Bills and Resolutions and sixteen state legislative bills of interest to social hygiene workers, were reported in the February issue of the JOURNAL OF SOCIAL HYGIENE, as introduced during the month of January. Additional data and information about this and new legislation introduced up to February 28th are presented below.

IN THE U. S. CONGRESS

The 80th Congress had before it, as of February 28, 1947, 748 Senate bills, 79 Senate Joint Resolutions, 2,330 House bills and 142 House Joint Resolutions. The following Senate and House bills of social hygiene interest were introduced during the month of February.

Senate Bills

S. 525 (introduced by MR. THOMAS of Utah) proposes to promote the progress of science and the useful arts, to secure the national defense, and to advance the national health and welfare. *Referred to the Committee on Labor and Public Welfare.*

S. 526 (introduced by MR. SMITH of New Jersey for himself, MR. CORDON of Oregon, MR. REVERCOMB of West Virginia, MR. SALTONSTALL of Massachusetts, MR. MAGNUSON of Washington and MR. FULBRIGHT of Arkansas) proposes to promote the progress of science; to advance the national health, prosperity, and welfare; and to secure the national defense. *Referred to the Committee on Labor and Public Welfare.*

S. 545 (introduced by MR. TAFT of Ohio for himself, MR. SMITH of New Jersey, MR. DONNELL of Missouri and MR. BALL of Minnesota) proposes to coordinate the health functions of the Federal Government in a single agency; to amend the Public Health Service Act for the following purposes: To expand the activities of the Public Health Service, to promote and encourage medical and dental research in the National Institute of Health and through grants-in-aid to the States, to construct in the National Institute of Health a dental research institute, and for other purposes. *Referred to the Committee on Labor and Public Welfare.*

S. 678 (introduced by MR. LODGE of Massachusetts) proposes to amend the 1944 Public Health Service Act, as amended, so as to provide assistance to the states in furnishing certain medical aid to the needy and other individuals. *Referred to the Committee on Labor and Public Welfare.*

S. 712 (introduced by MR. AIKEN of Vermont) proposes to constitute the Federal Security Agency a Department of Health, Education, and Security. *Referred to the Committee on Expenditures in the Executive Departments, which held a preliminary hearing on this bill on February 23.*

S. 720 (introduced by MR. PEPPER of Florida) proposes to authorize and request the President to undertake to mobilize at some convenient place

or places in the United States an adequate number of the world's outstanding experts and coordinate and utilize their services in a supreme endeavor to discover new means of treating, curing, and preventing diseases of the heart and arteries. *Referred to the Committee on Labor and Public Welfare.*

House Bills

H. R. 1722 (introduced by MR. WINSTED of Mississippi) and identical bills H. R. 1762, (introduced by MR. WHITTEN of Mississippi) and H. R. 1803 (introduced by MR. ABERNETHY of Mississippi) propose to promote the general welfare through the appropriation of funds to assist the States and Territories in providing more effective programs of public education. *Referred to the Committee on Education and Labor.*

H. R. 1815 (introduced by MR. CASE of New Jersey) and identical bills H. R. 1830 (introduced by MR. MILLS of Arkansas), H. R. 1834 (introduced by MR. PRIEST of Tennessee) and H. R. 2027 (introduced by MR. HAYS of Arkansas) propose to promote the progress of science; to advance the national health, prosperity, and welfare; to secure the national defense; and for other purposes. *Referred to the Committee on Interstate and Foreign Commerce.*

H. R. 1870 (introduced by MR. BATTLE of Alabama) proposes to authorize the appropriation of funds to assist the States and Territories in financing a minimum foundation education program of public elementary and secondary schools, and in reducing the inequalities of educational opportunities through public elementary and secondary schools, for the general welfare, and for other purposes. *Referred to the Committee on Education and Labor.*

H. R. 1980 (introduced by MR. HOWELL of Illinois) proposes to provide for the general welfare by enabling the several States to make more adequate provision for the health of school children through the development of school health services for the prevention, diagnosis, and treatment of physical and mental defects and conditions. *Referred to the Committee on Interstate and Foreign Commerce.*

H. R. 1992 (introduced by MR. EBERHARTER of Pennsylvania) proposes to give employees of religious, charitable, scientific, literary, and educational institutions the benefits of coverage under the Social Security Act, the Federal Unemployment Tax Act, and the Federal Insurance Contributions Act. *Referred to the Committee on Ways and Means.*

H. R. 2033 (introduced by MR. MORRISON of Louisiana) proposes to authorize the appropriation of funds to assist the States and Territories in financing a minimum foundation education program of public elementary and secondary schools, and in reducing the inequalities of educational opportunities through public elementary and secondary schools, for the general welfare, and for other purposes. *Referred to the Committee on Education and Labor.*

WITH THE STATE LEGISLATURES

Nineteen state legislatures and the Legislature of Puerto Rico, according to information received here, have under consideration thirty-one Senate and House Bills relating to social hygiene. Fourteen premarital examination bills, including amendments in three states; four prenatal examination bills, including two amendments; two bills on sex and marriage education; six on venereal disease control; three on tourist camp registration (including two identical bills in the same state legislature); and two prostitution bills have been introduced in the state legislatures thus far this year. Of

this group, three premarital examination bills and one venereal disease control bill have been defeated, while a bill for prenatal examination for syphilis has been enacted into law in Arkansas. The passage of the Arkansas prenatal law means that 37 states now have adequate laws for the protection of babies from syphilis.

ARIZONA

H. 163 proposes to require each applicant for a marriage license to present a certificate signed by a duly licensed physician stating that the applicant is free from syphilis and other venereal diseases, tuberculosis and any other chronic or malignant infectious disease. *Referred to the Public Health Committee.*

ARKANSAS

H. 18* (a prenatal examination bill for syphilis), which was introduced in the House on January 15th was enacted into law as Act No. 71 and was signed by the Governor on February 17th, 1947.

H. 43* (a premarital examination bill for syphilis) defeated in the House, as reported in the February JOURNAL, by 46 to 40 votes, was rewritten and introduced into the Senate as S. 301 on February 21st. (See below.)

H. 87* (a premarital examination bill for syphilis) introduced on January 21st, was withdrawn from the Committee and amended. Our information is that no action has been taken to date.

S. 301 (a premarital examination bill for syphilis) is former H. 43*, rewritten and introduced in the Senate on February 21st. (See above.)

CALIFORNIA

S. 1026 proposes to add a new section to the education code, relating to courses of instruction in sex and marriage problems. *Referred to Committee on Education.*

A. 1582** proposes to require all persons employed as food handlers to obtain a certificate from the state board of public health stating that they are not infected with any communicable disease. *Referred to Committee on Public Health.*

A. 1664 to amend the law relating to premarital examination, proposes to authorize chiropractors to make the required examination. *Referred to Committee on Public Health.*

COLORADO

S. 524* (a venereal disease control bill) was referred to *Medical Affairs Committee.*

S. 525* (an anti-prostitution bill) was referred to *Medical Affairs Committee.* Our information is that no action has been taken to date.

DELAWARE

H. 42* (a premarital examination bill for syphilis) passed the House and is now in the Senate.

H. 76 (a bill relating to the distribution and sale of certain drugs) has been stricken from the calendar.

GEORGIA

S. 48 proposes to require each applicant for a marriage license to present a certificate from a licensed physician stating that the applicant was given

* The complete title of bill can be found in *Notes on Laws and Their Administration*, February, 1947, issue of JOURNAL OF SOCIAL HYGIENE.

** Our information is that no action has been taken to date.

an examination, including a standard serologic test for syphilis; and, if infected, his disease was found to be not in a communicable stage. *Referred to Committee on Public Health.*

KANSAS

H. 102 proposed to require every person applying for a marriage license to present a certificate signed by a physician legally qualified under the laws of the state of Kansas or of the state in which he is practicing that the applicant is not infected with syphilis in such a stage as to make it communicable to a marital partner. *The bill passed the House and is in the Public Health Committee in the Senate.*

MARYLAND

H. 148, to amend the law relating to marriage, proposes that every applicant for a marriage license shall produce a certificate signed by a duly licensed physician showing that the applicant is not infected with syphilis in a stage in which it may become communicable. *Referred to Committee on Public Health.*

MASSACHUSETTS

S. 253 and identical bills *H. 1424* and *H. 944* propose to regulate further the operation of overnight camps, by more clearly defining the words, "and every person who shall conduct, control, manage, or operate directly or indirectly, any recreational camp, overnight camp or cabin, or trailer camp." *Referred to Public Health Committee.*

The purpose of these bills is to require that the overnight cabins be placed under the so-called Inn Keepers Law which demands registration of persons making application for overnight accommodations.

H. 127 proposes to provide for a study by a special commission relative to the advisability of requiring that a course on marriage be conducted in the public high schools in the Commonwealth. *Referred to Education Committee.*

MINNESOTA

H. 82* (venereal disease appropriation bill) was enacted into law and signed by the Governor on February 11, 1947.

MISSOURI

H. 63 (an amendment to the prenatal examination law for syphilis, proposing that the examination of a pregnant woman for the presence of syphilis shall be mandatory rather than just with the consent of the woman) was referred to the *Children's Code Committee* on February 3, 1947 and was reported out of committee on February 9, 1947 with the recommendation that it pass with amendment No. 1.

MONTANA

S. 100* (a premarital examination bill for syphilis) was introduced in the Senate in January, passed there on February 18, but was defeated in the House on February 26 on an adverse committee report.

NEBRASKA

H. 300** proposes to require restaurant owners to display a certificate from a licensed physician certifying that no person employed in such restaurant is affected with any venereal disease.

NEVADA

A. B. 185** (a bill requiring premarital examinations for syphilis) was referred to *Social Welfare Committee.*

NEW MEXICO

H. 45** proposes to require applicants for marriage licenses to furnish certificates of health showing freedom from syphilis before licenses are issued, and providing penalties for violation thereof.

NEW YORK

S. 277 (an amendment to the prenatal examination law for syphilis, proposing that the test shall be for RH factor of a pregnant woman as well as for syphilis) was referred to the *Committee on Public Health*.

NORTH DAKOTA

S. 33* (a bill providing for prenatal examinations for syphilis) introduced by the Legislative Research Committee at the request of the State Department of Health, passed the House on February 26, 1947.

PENNSYLVANIA

S. 43 (a bill prohibiting doctors, hospitals, nurses or any one practicing medicine or affiliated with the medical profession from performing blood transfusions or receiving donations of blood without first ascertaining by Wassermann Test or other effective means that blood donor is free from any venereal disease) was referred to the *Committee on Public Health and Welfare*.

H. 382* (prohibiting the employment of meat handlers without their having a health certificate certifying that they are free from any infectious disease) was referred to the *Committee on Public Health and Sanitation*.

H. 326, to amend the law in relation to marriage, proposes to prohibit the marriage of any applicant who is afflicted with a transmissible disease. *Referred to the Committee on the Judiciary*.

UTAH

S. 70* (an anti-prostitution bill) was introduced in the Senate on January 21, 1947. Our information is that no action has been taken to date.

S. 177**, to amend the law in relation to premarital examination for syphilis, proposes to authorize the required examination to be made by a licensed osteopathic physician and surgeon.

PUERTO RICO

File No. 21:2 (S)**, an anti-prostitution bill entitled "Prostitution Control Act", was introduced in the 16th Legislature, 3rd Regular Session. The bill defines and prohibits prostitution and assignment including penalties.

ANNOUNCEMENTS

JOURNAL OF SOCIAL HYGIENE

Last Month: *Proceedings of the Annual Business Session of ASHA* are abstracted in the March issue Thirty-fourth Anniversary Number. . . . It also contains *Why Women Are Interested in Social Hygiene* by Edith Adams Ritchie. . . . *What Radio Can Do for Social Hygiene* by "Tex" McCrary. . . . *What the American Social Hygiene Association Is and Does* by Walter Clarke. . . . President Wilbur's Message "*We Are for the Family*." . . . The William Freeman Snow Award Citation to Sir Sidney West Harris. . . . Citations on 1947 Honorary Life Memberships.

This Month: *Marriage and Divorce in the U. S. Today*, pages 146-172, plus *Marriage in the Modern World* by Bradley Buell, to appear in May, is available in handy preprint form at 15¢, *ASHA Pub. No. A-681*.

Next Month: May is the *Social Hygiene and the Atomic Age* issue. . . . Featured articles are: *Is Man Obsolete?* by J. R. Heller, Jr. . . . *Ideals in Social Hygiene* by Father Alphonse Schwitalla. . . . *The Family Responsibility in Social Hygiene* by James H. S. Bossard. . . . *Marriage in the Modern World* by Bradley Buell.

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The Association is supported entirely by citizen contributions.

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Social Hygiene and the Atomic Age

EDITORIAL

SEX AND CHARACTER

Reading through the material prepared for this number of the JOURNAL, two impressions kept coming to the top of the mind: *first*, regarding the unity in conception of social hygiene principles and objectives which prevails today among men of differing viewpoints and fields of thought and action; *second*, the soundness of early social hygiene doctrines and teachings, which permits them to serve now as well as they did then. In the latter connection we harked back, as all who know his work are apt to do, to the writings of Thomas W. Galloway. Some excerpts from *Sex and Social Health* * seem a fit corollary for the inspiring and thought-provoking articles by Dr. Heller, Father Schwitalla, Professor Bossard and Mr. Buell. Discussing *Sex and Character* in *Chapter V*, Professor Galloway says:

“There are two rather distinct ways of looking at human character—the mystical and the material. The former would exalt personality entirely above its physical foundations and treat it as a supernatural entity quite beyond the scope of scientific method. The latter regards the inner inspirations, the emotional powers, motives and foresights as negligible phenomena only incidental to the mechanical biological processes. Both cannot be right. For practical purposes both are partially wrong. Sex, for example, enters into character by way of very material factors and equally through

* A manual for the study of social hygiene. Published in 1924 by the American Social Hygiene Association. 361 pp. Out of print but in many libraries.

the most emotional, esthetic, rational and non-material. In consequence, when we would train character, we may not deny, on the one hand, that our higher conscious qualities are significant for its guidance; nor hold, on the other, that scientific approaches are futile and that only supernatural interventions can explain or influence it. . . . In the spirit, then, of this combination of the two points of view, we must insist that the biological and psychological and social considerations of sex . . . are not alien to 'character' nor to the 'spiritual' nature of man. Indeed, they are the very stuff of which character is made.

. . . "Character is not a simple, definite and stable unit or entity. It is very complex and, like our complex physical bodies, it is continually changing as the parts change of which it is composed. And yet there is a unifying use or function about character. It is not a mere idea. It involves the bringing together of our various powers and tendencies and activities into a more or less harmonious relation. . . .

. . . "Character is perhaps best expressed by saying it is that mixture of sensitiveness, of appreciations, desires, habits, standards, disposition, sympathies, loves, ideals, sense of duty, motives, attitudes and purposes which determine what choices and conduct shall be adopted under the various conditions which incite us. Character, therefore, is pragmatic, practical, important. Its function is to adjust the person satisfactorily to what is most significant in his life and his surroundings. It is a determiner of conduct. Clearly, some of these inner conditions which enter into and help to determine character are inherited. Many more of them are the result of experience and training. . . .

. . . "Sex and reproduction are closely tied up with the development of all those aspects of character which we usually include under such terms as the true, the beautiful, the right, the good; they have had to do with the development of intelligence, emotions, esthetic sense, social morals, and religion. While we dare not say that our knowledge, our understanding of the beautiful, our social spirit, or our religious convictions and aspirations are absolute or final, we are sure that these character factors—so largely related to sex and reproduction—are the most human and hopeful qualities we have. We may have confidence that these qualities in their turn powerfully influence sex and we may and must continually mold and revise our sex-reproductive impulses and behaviour in the light which they furnish."

IS MAN OBSOLETE? *

J. R. HELLER, JR., M.D.

Chief, Venereal Disease Division, United States Public Health Service

You of the social hygiene organizations and we of the public health and official agencies have met many times before under circumstances similar to this. All of us, of course, are glad to see one another and to exchange information and experience.

Insofar as the current status of venereal disease control is concerned, I believe your information is rather complete. Dr. Clarke has more than adequately summarized the results of the last few years of the Federal-State-Local control effort in his pamphlet *Working Together to Stamp Out VD.*† There is little, therefore, that I need to add insofar as the control program is concerned. Rather, I would like to explore with you, if I may, some of the more basic problems which we face as social hygienists, as public health officials, and as citizens.

We are waiting for the Congress to decide who will head the Atomic Energy Commission.

We are waiting for the United Nations to decide whether we will have an harmonious family of nations.

We are waiting to see if independence for India will work out.

We are waiting to see if the decision of Trieste will hold, if peace can be brought to Palestine.

Everybody is waiting—it seems to be a time of pause rather than a time of action. What is this universal inertia which seems to stall progress and movement—to hamper thinking?

The atom bomb apparently has projected us from a world which we thought we understood and in which we thought we controlled our destinies, into a world of intensified discord, frustration and uncertainty. Has nuclear fission divested mankind of the very abilities to think and to act? Are we accepting the obsolescence of man?

The indecision of today conveys the impression that efforts to cope with our problems are futile in the light of circumstances. Can it be that we all lack an understanding of the challenge which this great scientific discovery presents to civilization . . . and to each of us as individuals?

* An address reviewing current social hygiene problems and progress, given at the Annual Conference of Social Hygiene Executives, March 4, 1947, New York City.

† December, 1946, JOURNAL OF SOCIAL HYGIENE. Available in folder form in quantity lots without charge.

The alternatives are clear. We can wait for the end, or we can make a new beginning. As human beings, we as individuals have the power of making the choice.

In spite of all uncertainties, man must still continue to live and to progress. None of us can hide behind a self-assumed cloak of inadequacy. Life goes on, the family still exists as the basic component of our society.

Herein lies the crux of the issue.

There are in this nation influences both environmental and psychological which threaten not only the family as a social institution but the essential social and moral values which have been the fabric of our civilization in the past and must be in this age as well. These are not unknowns. We know more than a little about these influences and their remedies. As before we must continue to face the issues with determination and with practical group and individual action.

In the past when we were confronted with the need to make a concerted effort to counteract threats to our well being, the American community found the genius and means to mobilize for action.

Your own social hygiene movement has provided a means through which instincts of community leaders for fighting these demoralizing influences could be channeled into practical action. Social hygiene education has been organized, recognizing and reinforcing the basic responsibilities of parents, churches and schools for inculcating in young people high standards of morality and sound concepts of family living. You have taken direct and effective action against prostitution and other demoralizing influences.

In short, the social hygiene movement, guided by the American Social Hygiene Association, has marshalled the enlightened and dynamic forces of our national, state and local communities for the preservation and strengthening of the democratic family.

Yet, as with most fundamental social movements, we had to take "first things first." So it is that in a mere decade we have made significant progress in reducing the toll of venereal disease. In doing so we have made a real contribution to the well-being of the family.

Let me be candid, however, about our standing in the battle with the spirochete and gonococcus. We have made progress. But success even in the sense of control—not to say eradication—will come only if we go forward with energy. Merely holding the line will not suffice to check the unnecessary toll of undiscovered, untreated syphilis and gonorrhoea. The charges on our individual and group health, on our families and on our economy will continue to mount with compound interest unless we widely and immediately apply the findings of medical science and the lessons of experience.

The venereal diseases are *not* under control. Nationally, syphilis and gonorrhoea are endemic; in some localities, venereal disease is

epidemic. Paradoxically, we have the knowledge, the drugs, a substantial pool of qualified professional personnel. The goal of control can be achieved if health agencies are provided the means to do the job. There can be no quarrel between reasonable men that for the sake of all of us, the task of bringing venereal disease to a manageable minimum must be consummated.

But the fact of nuclear fission dictates a re-evaluation by each of us of our immediate tasks as social hygienists and public health professionals. More, it requires a re-evaluation of our obligations as citizens and parents.

In my view, the issue of the age is personal and social responsibility. The challenge is to our sense of human values. The challenge is not alone to statesmen and generals, scientists and engineers—but to each of us as individuals. The challenge is to our daily lives, our relationships with one another.

I cannot but believe that a *higher level of personal relationships* would materially influence the course of world affairs. Unquestionably, the quality of personal relationships influences the relationships between groups and between nations. Is it fanciful to expect a strengthening of international understanding and morality to stem from a fortifying of our sense of individual equality and mutual respect one for the other which form the fibre of the American family?

Here we see what appears to be to be the outstanding obligation to those of us who have taken upon ourselves some measure of responsibility in the field of social hygiene. Our contribution must, in the nature of things, be humble. But it also must be positive. The time is neither for waiting nor for negativism.

We must deal directly with the problems of individual sex behavior, social relationships between segments of the community and with the environmental and economic circumstances which condition our mode of living. Specifically, we must strive to create a public awareness of the problems and facts involved. Fundamentally, our contribution must be toward a general acceptance in practice of respect for the dignity of the individual. Our goal must be more secure, healthy and satisfying relationships for individuals.

What is the practical approach to this objective? I am certain I have no blueprint. But certainly, also, our contribution will be meagre indeed if we confine our activity to intra-mural discussion.

This is the people's problem. A first step, clearly, is to bring the facts to them. I used the word "humble" a moment ago. In bringing the facts—particularly in interpreting the facts—let us take care to be humble. All of us, I am sure, are impressed with the common sense, the balance—the dignity, of the individual. I have confidence that when the essential facts and problems of human sex and family relations are adequately presented, the results will prove constructive and quite likely beyond anything we here dare hope. And from

facts will come inquiry and understanding—finally action, both personal and community action. We will find a sort of “chain reaction” of an immensity in the social field similar to that in the physical.

Even at the risk of over-simplification, it seems to me that the answer of the social hygiene movement to the challenge of nuclear fission comes down to a matter of aggressive adult education in matters of human relations. This implies, basically, education and assistance to the young adults and parents of today and, through them, of the generation of the atomic age.

This implies, in practice, a large scale effort—more than publicity, more than pamphleteering, more than speeches . . . yet all of these and more. It means person-to-person discussion, family sessions, block and neighborhood explorations. It requires national stimulation based on local interest and needs. It necessitates concerted action by the entire community, the churches, the schools, management and labor, the professions, every civic and social group.

It is a mammoth, yet individualized, undertaking for the nation as a whole and for every town and hamlet. It is the task of providing the basic sinews for living. And I remind you, the underlying choice is between the quick and the dead. We live today without question in “one world.” We face together today one problem—that of personal and social responsibility. You and I as individuals must accept these obligations in our daily lives. We must help others to understand these obligations, and to accept and act upon them.

Citizen Participation Is All-important

“Important in the postwar program is the need for more and more direct citizen participation. Penicillin has given us the means to cure gonorrhoea. As this and other techniques are fully applied, the time soon will come when neither syphilis nor gonorrhoea is a major health menace. Then it will be necessary to deal with the whole problem of sexual relations on an ethical basis, not as a factor in disease prevention. Research into the psychological causes is needed, also, no less than in diagnosis and therapeutics.

“It is not too early to face this fact. The war experience makes clear that more individual and community action must be directed against the moral, social and economic roots of prostitution and promiscuity.” . . .

THOMAS PARRAN

*Surgeon General, United States Public Health Service,
in the Foreword to the new book Control of Venereal
Disease, by Dr. J. R. Heller and Dr. R. A. Vonderlehr*

IDEALS IN SOCIAL HYGIENE *

ALPHONSE M. SCHWITALLA, S.J.

*Dean, St. Louis University School of Medicine; President,
Catholic Hospital Association*

I. THE PARADOX OF IDEALS

Paradoxically, ideals are ever attainable but never attained. An ideal which is attained is not a high ideal. An ideal which is attained ceases to be an ideal and becomes a reality. The human being is perfectable and, because of this fact, there must ever remain the possibility of his becoming better and better, greater and greater, more and more unselfish, more and more comprehensive in his interests, in his desires for self-communication, in the skills through which he achieves the purposes of his life, in the relations which he cultivates with other human beings, in the humble acknowledgment of his creatureship before an infinite Creator. In the climax of His sermon on the mount, after opening up before the eager eyes of those who had followed Him from Galilee and Jerusalem and Judea and from beyond the Jordan, Christ's thinking and teaching reached a climax in the injunction: "Be you therefore perfect, as also your Heavenly Father is perfect" (Matthew 5:48).

The ideal which Christ held up to us is the perfection of the Heavenly Father. Surely, this we cannot reach since it is not within our capacity to be infinitely perfect, but we can strive for that perfection, strive for it in our conduct, in the silent yearnings of our ambitions, in the tender and sweet whisperings of our prayers, in the communications between friend and relative, in the unsatiated hopes which we entertain for our own personal perfection.

When, therefore, we speak of ideals in social hygiene or in any other human activity, I think we mean at least two things. We mean, first of all, a goal that we have set ourselves to reach and which we know in advance is a goal that we will always approach but never quite attain; and secondly, we mean that there are ways of reaching for that goal which are more or less effective but which are capable of continuous improvement. Both the goal and the method of achieving it are theoretically within the capacities of my own strivings, of my own determination, of my own will power. They are the objects of that capacity of my own soul which I, as a rational and responsible human being, must retain as the expression of my individual self-determination and of my own control over my own destiny.

There are those who prefer the realism of life to its idealism; those who claim that not strivings for the unattainable but strivings only

* An address given at the Social Hygiene Day Meeting, of the Kansas City Social Hygiene Society, February 5, 1947, Kansas City, Missouri.

for the immediately achievable can justify the efforts of life. The contradiction between idealism and realism is only a seeming one in the sense in which we are using these terms here, for the realities of life represent the factual status at any particular moment of time or under any particular set of circumstances of my strivings for my goal. The point is that reality of the moment must not become a stopping place for my strivings, it must be only the momentary status of continuing effort. It is no disgrace for a man to be an idealist any more than it is a compliment to call him a realist. The idealist can be and usually is the one who sees reality as it is but wishes it to be greater and better.

II. SCHOOLS OF THOUGHT

Now, why all this philosophizing? Because I have a point to make and the point is that with regard to that great division of welfare activity which we call social hygiene, there are cynics who speak of the futility of changing man. There are the foolish optimists who would prefer to let nature in man take its course, and there are the purists who simply deny the reality of the facts confronting them. There are the self-deceivers who are willing enough to admit the facts but who are unaware of all that is really achievable through patient and persistent effort in molding the destinies of men. It would be foolhardy to say that the social and psychological problems with which social hygiene deals, and which are so deeply radicated in human nature, are correctable by any other than the most strenuous and continuing efforts on the part of someone, some group. It would be equally foolhardy in one's despair to give up the struggle to be of assistance to others. And hence, the idealism of social hygiene consists in this, that facing realistically the magnitude of the problem confronting the social hygienist, we must still insist that a solution must be found, and the finding of it must be a repetitive and continuing process. It will not do to achieve a result and rest. The result will have to be achieved again and again because human nature with which social hygiene deals is a repetitive and recurrent thing and will assert itself and the tendencies which social hygiene combats, not only with each generation but, let us frankly say it, potentially in every moment of every human being's life, even into the years of indifference that come with old age when our vices have seemingly left us. For this reason, we must find if at all possible, the best objectives and the best programs and the best techniques and hence, our purpose is to discuss, first, ideals in social hygiene objectives; and secondly, ideals in social hygiene programs; and thirdly, ideals in social hygiene techniques.

III. IDEALS IN SOCIAL HYGIENE OBJECTIVES

It is quite generally conceded that the multiplicity of objectives which can legitimately form the purpose and object of voluntary or official groups are worthwhile, are worthy of any person's profound and concentrated attention and have a social significance large enough to justify almost any kind of an effort and expense. Thus, to choose

examples, the reduction in venereal disease incidence is certainly worthwhile if one bears in mind the economic losses, the social catastrophes, the enduring biological and psychological burdens, not only in one but in two or three or more generations. The elimination of vice conditions around a large city is also a worthwhile and far-reaching objective, affecting as it does not only real estate values but human values of outstanding significance.

The achievement of familial happiness and the reduction of the divorce rate, the achievement of mental health, the enlightenment of the people in any one of the age groups, especially those most prone to conduct resulting in social losses, the achievement of family welfare and child welfare, all are purposes which any community or any agency, official or voluntary, might very well regard as being of immeasurable value and, therefore, purchasable at almost any cost of money or human effort. As a matter of fact, social hygiene values or objectives are discoverable in almost any human effort, individual or group effort.

All of these objectives, however, legitimate as they are as social hygiene purposes, must be regarded as partial purposes. There must be an integration of all of these and the integration must be achievable through visualizing a common factor in the form of a common purpose in all of these partial purposes. Needless to say, that common factor is the conservation of the foundation of human society, the conservation of the family. Social hygiene interests itself in venereal disease because it wishes to prepare the individual who enters the family as an active agent for the obligations and privileges, the responsibilities and the triumphs of family life. It interests itself in social remedial measures for the betterment of individuals for the same great purpose, to achieve mental hygiene, and thereby to foster the happiness of family life. Social hygiene interests itself in a recreational program, in a vast multiplicity of different kinds of legislative programs, in educational programs, in law enforcement, in premarital examinations, in child welfare and child welfare legislation, in family welfare and family welfare legislation, in parole activities, in crime and delinquency. All of these contribute to a more or less unified viewpoint developed through an understanding of the comprehensive significance of sex; but in the last analysis all are directed towards the betterment of the individual. In fact, so far-reaching are the possible objectives of social hygiene that when a year and a half ago the Federal Security Administrator attempted, through his Advisory Committee, to define the purposes of a Social Protection Division to explain to the Appropriations Committee of Congress and the Budget Committee the real purposes of social hygiene, it took all the mastery of English of a carefully selected group of men to attempt, on the one hand, to delimit the purposes of social hygiene and, on the other, to be sure to include in the comprehension of the definition at least the essential purposes for describing an adequate program.

The *Eight-Point Agreement* entered into during the war between the Army, the Navy, the United States Public Health Service and the American Social Hygiene Association was so far-reaching that despite all efforts that were made to reduce its vast comprehension in translating the agreement into a manageable program, it was still most difficult to achieve results without invoking the aid of a vast number of official and voluntary agencies—from the International Association of Chiefs of Police and the National Advisory Police Committee with the National Sheriff's Association at one end of the scale of authority, and the official chaplains, at the other—with literally hundreds of federal, state and local agencies interested in some phase of this vast activity. It was regarded as one of the huge achievements of this combined effort that over seven hundred communities during the war officially abolished tolerated houses of prostitution. What has been achieved in this one area, might be duplicated in less sensational ways in other forms of law enforcement, in the prevention of juvenile delinquency, in the development of our modern and highly efficient policewoman, in standards for detention facilities, in education concerning sex excesses and delinquencies, and in hundreds of other ways too numerous to review in such a statement as I am here trying to make.

We see from all of this how far-reaching are the purposes of social hygiene. But what of the ideal? Clearly, if I wish to build up the family as the unit of human society, I must devote my attention primarily in intent to the individual human being. If time allowed, I would not so easily take for granted that the preservation of the family as the fundamental constituent unit of human society is universally accepted. As a matter of fact, we know it is not. There are many philosophies in which the family is attacked, from theoretical viewpoints and in many practices, even in allegedly civilized society. For the time being, this must all be passed over and our attention must be focused upon the fact that the family is composed of at least two individuals, both of whom must be biologically, mentally and, I must add, spiritually, so well balanced that in the combination that constitutes a married couple, there may be achievable common understanding, common sympathy, common purposefulness, common criteria of values, immediate and ultimate, so that out of these two individuals it may be possible to reconstitute a new generation, developmentally better even than the past, and capable of passing on to still further generations, health of body and of mind, strength and happiness, outlooks and philosophies, traditions and practices, all conducive to the progressive betterment of mankind.

And so, it would seem that the ideal purpose of social hygiene must be the concentration of effort in reaching the individual in the program. The individual must be reached medically to cure him of venereal disease and to prevent its incidence. The individual must be reached through recreational facilities and efforts to occupy a lethargic or an indifferent or a sluggish mind, and to occupy such a mind with healthy occupations, thus to avoid a morbid pathology which all too readily seeks satisfactions in depraved practices. The

individual must be reached through legislative programs, not so much through threats of police regulation but through appeals to worthy motivations. The individual sex offender must be reached, to show him or her the unworthiness of habits and practices in the light of the worthwhile things of life. The keynote in all the hundreds upon hundreds of activities encompassed under the comprehension of social hygiene, must be the appeal to the perfectability of the individual. I know that this must all be done through group activities and through public health techniques, but in the last analysis it is the individual who must be reached, otherwise the social hygiene activity becomes a dead effort no matter how much activity is expended in it.

Therein precisely lies the great dignity of social hygiene. The majesty, the worth, the overwhelming value of the human individual has been made the object lesson of the lives of the greatest among us. Medicine, law, the arts, social programs, are all focused upon the betterment of the individual human being. God, Himself, became Man to teach us the eternal value of a human being, and Christ laid down a God-Man's life amidst the agonies of Calvary for each one of us, to purchase for us our eternal destiny. And under the Cross stands Magdalene, the first triumph of Christ's social hygiene, the conquest of Christ's transforming love, and she stood next to the Virgin Mother, both united through their shared love for Christ. Is social hygiene worthwhile, if I can read that kind of a purpose into my social hygiene activities? What if I cannot reach all those whom I strive to reach? What if my efforts are only partially successful? My ideal is still as before, to help those to whom my assistance may be of some service in achieving healthful and complete living, free from the trammels of viciousness and weakness and vice, and to endow each of them with a healthy body and a healthy mind and healthy outlook and happy companionship, and to assist them in the creation of an image of a Family that lived two thousand years ago on one of Nazareth's hillsides in the house of a carpenter who was the foster-father of the God-Man, in the house of the Virgin Mother and in the house of Christ Himself.

IV. IDEALS IN THE SOCIAL HYGIENE PROGRAM

It is admitted that a social hygiene program cannot be uniform in all places. The needs of different localities vary. In one place, there may be laxity in law enforcement concerning the use of real estate; in another, there may be abuses in theaters and recreation halls; in still another, the social hygiene needs of the community may center in the adequate protection of the young through a specialized educational program; and in still another, it may be weakness in the religious influences through which dynamic motivations are supplied to youth to achieve lives of uprightness and cleanliness. This much, however, seems certain, that whatever outstanding social hygiene problem is presented by a particular community, its solution is achievable only through a total program, so closely are the various phases of a social hygiene program interrelated one with

the other. Studies upon these points have almost universally led to the conclusion that any community which has been successful in its social hygiene efforts, has been successful because of an integrated and a perfectable program.

The ideal, therefore, seems to be *sound community cooperation*, without which it appears to be all but futile to expect results that are significant. In a confidential study of scarcely more than a year ago, 247 cities were reviewed with the purpose of determining the extent to which it would be possible in those centers to maintain a hold on the situation under postwar conditions comparable to the restraint which was achieved during wartime conditions. In those cities, even though the war was scarcely over, there was already some evidence of a growing relaxation in the controls which previously had been maintained. Taking five groups of agencies and studying the cooperation of each one of the five with the other four, we find that the police achieved cooperation with the adult court in 61 per cent of the cities, with the juvenile court in 41 per cent, with the health department in 53 per cent but with the voluntary welfare agencies in only 18 per cent. The adult court achieved cooperation with the juvenile court in 42 per cent of the cities, and with the health department in 41 per cent, but with the welfare agencies in only 12 per cent. The juvenile court, on the other hand, achieved cooperation with the health department in 40 per cent of the cities but with the welfare agencies in 52 per cent, while the health department and the welfare agencies cooperated well in 40 per cent of the cities.*

The lesson is obvious. The welfare agencies, meaning by this term the voluntary agencies through the instrumentality of which such enormous good is achieved in a democratic country such as ours, must be used to a much greater extent in social hygiene activities if we are to achieve the results for which we are striving. The expenditure of funds by the welfare agencies, through national policies developed by such agencies, is one of the best justifications for the expenditure of tax-supported funds with reference to those purposes in which voluntary agencies and tax-supported agencies are mutually supplemental or mutually supportive.

From another investigation, which also dates scarcely further back than a year ago, much more can be learned concerning the same general conclusion. The purpose of the investigation to which I refer was to determine where and through what class of persons opportunities are created, not only for the transmission of venereal diseases but also for those practices through which venereal diseases are spread. It was found that the tavern is the place which most needs attention in any adequate social hygiene program since in the tavern, the "friend" as well as the "pick-up" and the prostitute all find their easiest opportunities; the "pick-up" girl being responsible for the

* See JOURNAL OF SOCIAL HYGIENE, Nov. 1945, *Our Strength Is in United Action*, by Thomas Devine.

largest number of consequent infections. This marks a significant departure from the findings of older studies and indicates a revolutionary and a significant trend. The "friend" finds it possible to pursue her purposes best in what is described in the study as "private property" which in reality often means her own home. The "friend" as the term is used in the investigation, really means a friend. It is noteworthy that the automobile is still a social danger of no small significance and that the brothel as a potential place for the spread of venereal disease, and for all that is associated with it, is really much less significant.

Facts like these, and others that may be multiplied, indicate how complex is the situation which we are facing today. If it were possible to bring home to every human being through proper instruction and motivation what his or her duty is; if, into the lives of our young people—and, incidentally, I have not touched upon the age groups which show progressive anticipation into the younger years of sex problems in the individual boy's or girl's life—we could introduce convictions concerning the temporal and eternal destiny of mankind with the sanctions which God Himself has placed upon His Commandments for decent living; if we could introduce into the lives of all our young people, knowledge and motivations concerning character, self-control, self-domination, and show them the indispensability of these traits even for life's temporal success; so much could be done to ameliorate the conditions which we are here describing. But how is it possible to achieve all this? The problem is evidently as large as our population. It is co-terminous with the extent of our youth; it is limited by our inability to give an adequate education, adequate religious instruction to the youth of our day. But whatever program we may finally adopt, this much is certain: that the program will demand the cooperation of every possible available agency in our communities, if the purpose of social hygiene is to be achieved.

It seems unnecessary to point out that the investigations which I have briefly reviewed, especially the second one, point most eloquently and emphatically to another conclusion which is extremely difficult to face but it must be faced if we are to be successful in social hygiene efforts.

With reference to disease, in every disease other than venereal disease, as soon as we detect the causative organism or the causative condition, we immediately attempt to control the transmission of the organism or the occurrence of the condition. Knowledge of etiology of disease precedes the control of that disease and once the etiology has been established, control follows within reasonable time and with a reasonable expenditure of energy. With reference to the venereal diseases, however, we know the causative organisms and we know the occasions when they are transmitted. Yet, because of the involvements of the problems, even now, despite our extensive knowledge, we are almost helpless to prevent a growing incidence rate among certain fractions of our population and we are equally helpless to

prevent the sequelae of infection because of the unwillingness of the individual human being, despite his knowledge, to cooperate adequately with a control or a therapeutic program. Therein lies the insidiousness of our problem. I am emphasizing not so much venereal diseases but rather what is today recognized by experts in the field as the outstanding problem, namely, the problem of promiscuity.

A few months ago, the Advisory Committee to the Surgeon General of the U. S. Public Health Service held hearings on the functions of the public health officer, with the aim of determining whether the old traditional view is regarded as tenable, that the public health officer should concern himself only with venereal disease and not with its causation; in other words, whether his concern is only with gonorrhoea and syphilis or also with promiscuity. Of the fifty-five witnesses that were heard, representing practically every important agency of publicity and agencies for the creation of public opinion, besides the educational, medical and legislative viewpoints, almost forty, inclusive of all of the physicians who were heard, insisted that the public health officer has a duty that extends far beyond the mere occurrence of the disease. This thought was embodied in an extensive report of the Advisory Committee on Social Protection to the Federal Security Administrator. The public health officer was held responsible for marshaling the resources of the community, to coordinate them, no matter how diverse they might be, towards achievement of a community not only free from venereal disease but also a healthful and safe place, where youth can live safely without encountering opportunities for lax living to an extent impossible to resist. Here, surely, is an ideal program in social hygiene, a health officer willing and capable to take the leadership, and official and voluntary agencies anxious and competent to use such leadership and to coordinate their own activities with those of other agencies in the achievement of this phase of community welfare. Family life, child life, the life of the youth of such a community, can be rendered safe through adequate cooperation.

V. IDEALS IN SOCIAL HYGIENE TECHNIQUES

And this brings us to the third and last phase of this discussion, namely, ideals in social hygiene techniques. Here again, a vast multiplicity of possible topics for discussion present themselves to my mind. I must confine myself to just one phase of this question, but that is a very important phase. If it is true that in the achievement of its primary purpose, the conservation of the family, social hygiene must focus its efforts upon influencing the individual—if ideal social hygiene programs must express themselves accordingly, in efforts to individualize the program, thus better to reach the individual, then it would seem to follow that those techniques will best enable a community to reach its ideal purposes which tend most directly to particularize the individual person, be he a patient or a delinquent, a sex offender, or an individual who is careless with the reputations, the good name and the rights of others.

In a study of promiscuity that was made in the psychiatric division of one of our universities, an attempt was made to define the common characteristics of promiscuous persons, particularly women. It was found that in by far the larger number of instances, the promiscuous person was characterized by uneven or unbalanced development. One might be physically developed and intellectually or socially retarded; another may have reached social or emotional maturity but was retarded physically. Such persons on reaching an age at which other persons usually assume a measure of self-direction, are also prone to do the same as their chronological contemporaries without realizing, unless they are guided capably and individually by a competent director or guide, that by reason of their imbalance they are scarcely prepared to assume such self-direction. In persons of this stamp, self-direction is apt all too often to express itself in the assumption of liberty which may show itself in any one of countless forms, ranging from separation from family associations, in a more or less mild form, to a very vicious and vigorous action indicative of a challenging ardor to be free from any of the trammels and restraints of civilized life.

Immaturity in one or more fields of mental and physical life with maturity in others, has been found to be a frequent characteristic of youthful persons who cannot or do not exercise the measure of control in sex matters which is ordinarily expected from persons of their respective ages. I would not be understood as suggesting that these persons, whom I have so briefly and inadequately described, are not *capable* of exercising proper self-restraint. As a matter of fact, it is unthinkable but that there must be many persons similarly constituted who are fully able to lead lives of poise and balance, because for their inadequate constitution, whether they know it or not, they are compensating, by practices and habits, and are thus enabled to lead normal lives, without crises and catastrophes such as face persons lax in sex matters. Such persons may enjoy, to a remarkable degree, the happiness of friendships; they may enjoy to a profound extent, the comforts and solace of a deep religious faith and the satisfactions of religious and pious practices; they may be endowed with a remarkable self-knowledge and an understanding of their own condition that leads to a spiritual enlightenment. In other words, these personalities which I have attempted to describe are not fore-ordained or fore-doomed or pre-destined to failure in their sex life.

All that the investigation to which I have referred has revealed is that a large percentage of those who are guilty of promiscuity are persons of imbalance. To quote a sentence or two: "Certain characteristics, while not predetermining promiscuity, occur frequently enough to suggest a direct relationship to the promiscuous behavior. Among these basic factors, were unsatisfactory familial relationships, often marked by broken homes, unstable inter-personal relationships . . . the majority of habitually promiscuous patients use promiscuity in an attempt to meet other problems, rather than in an attempt to secure direct personal satisfaction."

This gives us the clue to the ideal technique in social hygiene which must rest upon an understanding of the individual. It is unnecessary to stress before this audience that each of us is different, that each of us entertains his own expectations of life, his own desires for the attainable and achievable things as well as his own fears; that the achievable may not be achieved despite the expenditure of efforts. Happiness is elusive and yet, happiness lies within the reach of all of us if only we are prepared to adopt the means to achieve it and to pay the price which happiness may cost. Suffering is not an unmixed evil, neither is failure nor disappointment nor disillusionment. These phenomena of our life are often the occasions that are being used by an all-loving but at the same time, an all-wise God to bring us to a deeper and more truthful self-knowledge, to a more comprehensive grasp of both our limitations and our unrealized capacities. Not the person who runs away from suffering and self-restraint and self-discipline, but the person who has strength "to stand and take it" is the person who converts the failures of life into triumphs, sorrows into joys, privations into affluence and misery into an ecstatic happiness. None of us is capable of doing this by himself; none of us is capable of facing the struggles of life by himself, especially not the struggles that are associated with family life in the husband-wife relationship and in the parent-child relationship. Fortunately, there are at our disposal, the aids of companionship, of counsel and especially the strengthening influence of religion and God's grace attainable through prayer. Through prayer, the individual begs his God in humility for that strength which even Christ in the Garden of Olives feared to accept as His lot: "Father, if Thou wilt, let this chalice pass from me."

The ideal in social hygiene techniques requires of us a man-to-man, a person-to-person relationship, full of sympathy, understanding, tolerance, patience, endurance, the ability to put one's self into the place of another, for there is none of us to whom those human trials of the most-trying of us can possibly be foreign.

VI. A LAST WORD

Let me close with a few words from St. John's Gospel. They brought to Christ a woman whom they accused as having been taken in adultery, "But Jesus, bowing Himself down, wrote with His finger on the ground. When, therefore, they continued asking Him, He lifted Himself and said to them 'He that is without sin among you, let him first cast a stone at her.' And again stooping down, He wrote on the ground. But they, hearing this, went out one by one, beginning at the eldest and Jesus alone remained, and the woman standing in the midst. Then Jesus lifting up Himself said to her 'Woman, where are they that accused thee? Hath no man condemned thee?' She said: 'No man, Lord.' And Jesus said 'Neither will I condemn thee. Go, and now sin no more.'" (John 8, 6-11.) Christ reached the individual, showing her the ideal, and approaching her through ideal techniques.

THE FAMILY RESPONSIBILITY IN SOCIAL HYGIENE*

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"It is a hateful decree," wrote Schiller the poet, "that roses are found among the thorns." It is so, too, with sex. Here is one of the most beautiful and important things in life, involving on the one hand the glory of the Madonna, and on the other, the pathological whimperings of the paretic. Yet both are cut from the same cloth, for what is not channelized into the constructive forms of social acceptance must find expression in the degradation of the unfortunate. Happy family life and the problems of social hygiene are both but contrasting end products of the same fundamental social force.

The basic principle underlying today's talk is this: that our attitudes and values follow our experience. We do not think ourselves into life: we live ourselves into thought. Some life experiences, like buying neckties and playing golf, occur mostly away from home. Experience in the intimate aspects of our lives tend to be confined to our homes and families. Sex is such an intimate aspect. Our sex attitudes and behavior are the product of our family experience.

Most of us live in two families: one in which we grow up, where our role is that of child; the other, the one we form, in which our role is that of husband or wife. It is experience and responsibility in these two areas of family life with which we are concerned here.

I. THE FAMILY IN WHICH WE GROW UP

Controversies over the nature and scope of the family's responsibility in a sex education program often overlook the obvious fact that every family educates its children in these matters, and does so throughout the entire period of childhood.

This is partly a conscious process, consisting of deliberate instruction and inculcation of ideas. Much of the process of child rearing is of this nature, and its importance must not be disregarded. This is essentially a teaching job which the parent does and, like all teaching jobs, its effectiveness depends on how good the teacher is and how well he knows his material.

Most of this process of education within the family proceeds however on the level of the unconscious, i.e., it is of the kind that psychiatrists and psychoanalysts emphasize. One need not accept the last full claims of the newest school of psychoanalytic interpretation to realize that much of our education, particularly within our homes, is

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a by-product of our everyday activities, and goes on without our awareness of it. This, again, is particularly true about sex.

It seems permissible here to speak of the studies which have been made by the Carter Foundation of the University of Pennsylvania of the facets in family operation. Time permits mention of three of these studies. First is that of the role of the guest who comes into the home. This study is based on four hundred case studies, two hundred of which are original, and forty of which represent material gathered from children between the ages of ten to thirteen. As one analyzes the wealth of this material, especially that obtained from the last-named source, one comes to be tremendously impressed with the proportion of children who comment upon the sex implications of the behavior of parents and guests, as well as of the nature of the comments which are made. The coming of the guest into the home where there are children often gives to the children the first opportunity to observe their parents as adults and in relation to other adults. Here, apparently, is a process, a very subtle but highly important process, of sex education whose existence and operation we have wholly missed.

Second is the role of the domestic servant. A large proportion of families with children pass through the stage when servants, including the modern variety of sitter, come into contact with children within the intimate range of family life. Our material shows that a considerable proportion of persons acknowledge servants to have been a factor in their sex life and instruction, and in at least four different ways. Some speak of instruction in the "facts of life" that was obtained from this source, information often unsound in character and scarcely adroit in manner of presentation. Others speak of sex relations, often early in life, with servants. These are mostly boys who grew up in rural areas. A remarkable proportion speak of servants as awakening their romantic urges and becoming sources of sex imagery. These, too, are for the most part men. Finally, comment is frequent about the ideas gleaned from the sex behavior and vagaries of the servants with persons other than members of the families. The practice of employing an unmarried mother, and her child, as a domestic servant means more than getting a maid: it constitutes a constant image for the children in the family.

Third is the role of domestic animals, particularly as household pets. Studies made by Dr. Alfred Kinsey, of the University of Indiana, show the extent to which farm boys experiment sexually with animals. Our studies show additional avenues of importance. Many families keep animals as household pets, and breed them, as objective illustrations in sex education. In other instances, the presence of animals permits objective discussion of sex facts and problems. Periodicity in a female dog makes easy its subsequent discussion in the case of humans. From uncontrolled and unplanned pregnancies of a household pet it is a simple step to a discussion of the sex vagaries of members of the family.

More obvious aspects of the family background of children which have meaning for social hygiene may be summarized briefly. In normal times, as many as one out of every twenty-five children are born and reared out of wedlock. As many as one out of three children in city school systems come from homes in which there are such obvious family problems as divorce, desertion or separation. We are now coming to understand that at the lower class levels, many domestic realignments occur without the formal and lengthened process of divorce. These latter cases are particularly hard on the children, who usually go with the mother but whom the new sex partner regards with only a partial enthusiasm.

My point of emphasis here is not so much upon these facts, which are quite well known, as to call attention to their educational role in the lives of children. The basic point of contention is that by the time children reach the high school stage, their family background has ingrained into them a conception of sex, varying from one which sees it as an intimate phase of a beautiful and satisfying family relationship, to one which regards it as a physical appetite to be satisfied at the nearest hitching post. One final point needs emphasis here: we have constantly been lengthening the period in the child's life during which he is dependent upon his family and its influences.

II. THE FAMILY WHICH WE FORM

The second family in which our sex education proceeds is the one we form as adults. Two aspects about these adult experiences seem to me to recur with haunting regularity through the social hygiene literature. One of these is the prevalence of persons who marry very early in life. Early marriage has been increasing in extent in recent years. In fact, much of the increase in the proportion of the adult population that is married has been due to the marked increase of marriage in the lower age brackets. The recent war has given us an unusual heritage of early marriages. The statistical reports for New York State, exclusive of New York City, show that almost three times as many boys under twenty married in 1942 as in 1939. Both the Selective Service Act and wartime prosperity were responsible for this. Striking, too, has been the increasing tendency of these young men to marry women older than themselves.

Every careful student of family and social hygiene problems is concerned with this increase of easy and early marriages. We marry earlier and oftener than the people in any other civilized nation, and we do it so often without reference to the impressive ceremonial features with which other and older nations seek to safeguard marriage. There is much to be said for the Roman Catholic custom of the publication of the banns. Also, one must object vehemently to the modern habit of getting married in neon-lighted, cigarette stubbed offices of commercial marriage performers, or to the underlying noise of a radio audience in Hollywood. There is a growing lack of the ceremonial in American life, including marriage, which we mistake for democracy but which is only cheap tawdriness.

Coupled with easy and early marriage is the present crop of unsatisfactory marriages. A divorce rate equal to two-fifths and, in many cities, to one-half, of the marriage rate, is only a symptom of a larger and more serious situation. Much of this is the inevitable aftermath of the war marriages of a few years ago. For several years, we have had bumper marriage rates, which included a great many marriages which violated all of the canons of morality and common sense in marriage. Hundreds of thousands of couples were married under the excitement of war psychology, because it was the thing to do, because you got \$50 a month as the wife of a serviceman (with average insurance of \$6,857), to legalize sex relations during a period of leave, to regain an ego that large scale military operations had deflated, and just in case you might need this person later on. To be sure, unfortunate and unworthy matrimonial choices are always being made, but war unmistakably increases their proportion. For a number of years we shall be carrying the social burdens of these unwise wartime marriages, and let no social patent medicine faker tell you differently.

The heritage of wartime marriages is but a phase of a much larger problem involving family life. We are forgetting constantly that the family is going through a very fundamental readjustment. The family of a generation ago, and the family which still prevails among the overwhelming proportion of mankind, was based on an agricultural or small town system of life, in which husbands and wives cooperated in a business enterprise, in which children came constantly because they had material value, and in which women had no other conception of their role than as wife and mother. Today we are trying an unusual experiment, of developing a family with limited economic importance, based on romantic attachment between a particular man and woman. Out of this has grown the Hollywood conception of marriage, as glamorized relationship between a lay edition of Tyrone Power and Lana Turner, lived in the pastel shades of a *Life Magazine* advertisement.

This type of marriage seems to bear with particular hardship upon women, who but yesterday were aglow with rejoicing over their new freedom, involving chiefly the opportunity for gainful employment outside of the home. Farnham and Lundberg's recent book on *Modern Woman: The Lost Sex*, suggests what these hardships may be. "The industrial age and modern household apparatus have left women with so little to do at home, and with such popularity of outside jobs, that the whole sex has become confused and poorly adjusted and now is the principal transmitting media for the disordered emotions that today are so widely spread throughout the world."

The Hollywood conception of marriage and the family, to which I have just referred, dominates much of our modern thinking. This conceives of marriage as a glamorized relationship between a particular man and woman chiefly for the purposes of satisfying their romantic impulses. This is likely to prove wholly inadequate as a family ideal. If there is one thing which the history of the family

makes clear to me it is that the romantic impulse is not enough as a basis of satisfactory family life. Young people particularly tend to disagree with this, but one is reminded here of the pithy observation by Will Durant that only modern youth knows better than the verdict of twenty centuries.

Obviously, and unfortunately, there is no one simple formula which can resolve our family problems. I would like, however, to make one rather unexciting suggestion looking in that direction, and that is the desirability of building up, painstakingly and patiently, a more adequate conception of the family. Such a conception sees the family, not as a romanticized glamor relationship between a particular man and woman, but for what it really is: a group of people, parents, children, kinfolk often, servants sometimes, domestic pets perhaps, all organized and interacting in a segment of living. Married life is group living, with all of its satisfactions but also with all of its prosaic features. In building up this conception, all educational agencies can share, and from it, all would benefit. It is a matter, not of romance but of responsibility; it involves, not the conveniences but the continuity of life. Actually, the family is much more important as a social bond between successive generations than as an attractive arrangement between some particular man and woman. It is this long range view of the family, this basic purpose of the continuity of life, which must be our guiding emphasis.

The Family Is Permanent and Indispensable

“Many writers have undertaken to describe what a family would be under one of the Utopias . . . but it is not necessary to await the creation of a Utopia, to have a satisfactory family life . . . it can just as well be had here and now, with relatively little effort, if people really want it.

“The family is . . . the oldest institution in existence. So far as one can guess intelligently, it has changed surprisingly little in 500,000 years. Often called the foundation of society, it justifies this name by the contribution it makes to (1) the perpetuation of the race, (2) the security of the state, (3) the happiness of the individual, (4) the education of the population, and by economic, social, religious, psychological, hygienic, esthetic and other contributions that have varied with different ages but are always important

“Compared with the family, all other social and economic institutions are recent. None of them has been subjected to experiment and selection, none of them has been validated by the results of this experiment and selection, to anything like the same degree that the family has. The monogamous family may therefore be expected, *a priori*, to be much more stable and permanent than any other existing human institution.”

PAUL POPENOE

in his book *The Conservation of the Family*

MARRIAGE IN THE MODERN WORLD *

BRADLEY BUELL

Executive Editor, Survey Midmonthly, New York

By my presence here, today, I am paying, and you will suffer from, the penalty which accrues to any editor after his name has appeared in a by-line under some article of general or special interest. Immediately, it seems, we become "experts" on whatever the matter may happen to be and momentarily blaze across the horizon to disappear even more rapidly into the forgotten darkness of meteoric infinity. I am fully aware that I happened to be thought of in connection with this meeting because of our special section *Whither Family Life* in the December issue of *Survey Midmonthly*.

I am not an expert on "marriage in the modern world" or any other kind of a world. Perhaps, indeed, no one is, and therefore I may take some comfort in the speculation that any other speaker whom you might have secured to talk about such a large and high-sounding topic would probably have done just what I am going to do—take hold of a couple of ends about which he happens to know something and occupy his twenty minutes in discussing them.

The first "end" that I'm going to try to take hold of is one that a sociologist, an anthropologist, or perhaps even some plain historian would be better able to manage. For in taking a broad historical view of the social institution of marriage or more comprehensively, of the "family," anthropologists are fond of tracing for us the rise of "matriarchal societies," their gradual decline in the face of forces which brought about the "patriarchal system," and of citing current illustration of the persistence of these basic systems among peoples in the far flung corners of this "one world of ours." Sociologists are fond of tracing the changing pattern of family life over the last one hundred years or so in these free-wheeling United States.

So it seems to me that we can gain from these students of life and events the clue to the underlying explanation of the welter of family and marital difficulties which are building up our caseloads and more generally attracting popular attention to the problems of divorce, juvenile delinquency, psychoneurotic personalities. For if we go back about half a century and compare the institution of the family as it was then with what it is now, we can see the inroads which have been made on the earlier social system. Then, woman's place was in the home, and not much argument about it. Now, almost the whole gamut of specialized professional and occupational opportunities is open to her, whether or not she is married.

* An address given at the Conference of Social Hygiene Society Executives, March 4, 1947, New York City.

Then, more than now, in rural America particularly, but even in urban America the family was a more or less self-sufficient economic unit. Each member tended to have his own specialized responsibility, in the kitchen, in the fields, around the farmyard, but more or less there was automatically unification and coordination of their specialties, forced by the nature of their common product. Now, the specialized interests and activities of each member of the family have burst completely out of the bounds of any control by its own immediate productive purposes. The social conventions which governed sex relations, behavior, the relations between children and parents, were then relatively rigid, generally accepted, buttressed by religious sanction. Now, freedom for personal development, the dissipation of inhibitions, is widely held as a desired end in itself. The philosophy of family life, its aims and goals, were clear cut, the foundation of much of the literature of the times, the staunch bulwark of a broader social system. Now, indubitably, we are seeking a new philosophy of family life, poking fun in the movies, in our literature, over the radio, at the vestiges of the traditions and conventions of our grandparents and our great grandparents. In other words, the institution of the family, the economic and social factors which helped, in part at least, to hold it together and give it stability half a century ago, have not been able to withstand the onrush of modern industrial and social specialization, the blowing winds of new ideas, the catalytic action of what, in our more optimistic moments, we are pleased to call modern progress in the arts and sciences.

Although it will have no practical utility other than to dramatize the purposes of this talk, I am subject to no inhibitions in speculating that at the moment we are about in midstream in the process of liquidating the earlier patterns of family life and reforming this basic social institution more suitably to perform its functions in the society of today, tomorrow and the day after tomorrow. I will not be here to collect from, for any of you who may be here to collect, if my gambling prophesy proves wrong that we have about reached the end of the disrupting process, and that the next half century or so will see a gradual constructive reformation of the structure and functions of the family. Yet I *feel* that there is some merit in that prediction, and certainly, in such remaining lifetime as is placed at my disposal, I shall watch with interest for evidence showing whether or not I may be correct. Some straws seem to me already discernible in the midst of what now seems a high wind of family trouble, although you will have to call upon some truly expert person to give you real counsel about the basic trends that eventually will merge into the blueprint of the family of the future.

Certainly, I have no doubt that there will be marriage and families in the future. Nothing has happened yet to *change* the historical fact that the family is the social cell, the molecular unit basic to any social system. I suspect that freedom for individual development within the family unit is here to stay. But I also suspect that

ways and means will emerge by which to surround that freedom with a sense of commensurate responsibility and discipline. I suspect that the customs of business and professions gradually will accommodate themselves, as indeed already they are slowly doing, to the necessities of family life in which more than one person wins the bread. I suspect that our family system is becoming neither patriarchal nor matriarchal, but more truly a joint partnership of shared responsibility. I suspect that family management may achieve the dignity of professional status with a division of labor between the adult members more equable and clearly drawn than is now the case in our present chaotic state.

But the practical point of significance for us in 1947—and for a good many years to come—is that the reformation of any institutional structure, the breakup of old patterns and the construction of new ones—inevitably throws out in its wake a great variety of specific, emergent and painful maladjustments. The underlying changes in the structure of our family life have been doing that for a good many decades. The war and its continuing aftermath exploded many of these changes years ahead of what might have been a more normal process, and by virtue of that fact intensified the manifestations of unadjustment. And social agencies, in the discharge of their proper functions in our society, have become the residual legatee of the innumerable and intensified personal and family difficulties. For them also, the war exploded changes in the volume of their responsibility and in their working relationships, which might otherwise have come about by a slower, more gradual evolutionary process.

Which brings me to the second “end” of this big title that I want to try to take hold of. This end is no less than a broad consideration of the services, the multiple specialties, which we now have at our disposal to deal with—to prevent, to diagnose, and treat—the backwash of personal and family maladies which are fast becoming an outstanding characteristic of our times. My modest claim to expertness has only this foundation. By force of circumstances and perhaps somewhat by temperamental curiosity, for a good many years I have been preoccupied with the many specialists in these fields, compelled to learn something of the nature and foundation of their specialty, even to gain a small understanding of their many tongues, and gradually to see something of the inherent functional relationship of one to the other. Long experience, I hasten to add, has taught me that a “specialist in specialties” has no status whatsoever with any particular group of specialists. In fact, usually they don’t like me very much. For to them my pre-occupations with the *horizontal* problems of balance, functional analysis, the processes of coordination, is extraneous and irritating to their own natural and proper preoccupation with the *vertical* intensification of their particular specialized knowledge and methodologies.

Yet the outstanding fact of my professional lifetime has been the amazing growth of specialists and specialized agencies whose

scientific knowledge and professional techniques have direct relationship to the prevention, diagnosis, and treatment of the ills of individuals and of families. It seems to me, also, that in 1947 the sum total of their knowledge about these ills, and of their capacity to prevent, diagnose and treat them is equally amazing. If you could pool the knowledge and skills of the psychiatrist, the psychologist, the family caseworker, the children's caseworker, the visiting teacher, the criminologist, the probation expert, perhaps now the group therapist, the modern institutional administrator and many others, the line on the reservoir marking "combined capacity" would not be as far below the line marking the combined problems with which they deal, as we might think.

I would hazard a guess, for example, that today in the combination of these specialists is as much knowledge about the causes of family disorganization, as much treatment competence as your own movement possessed in relation to syphilis and gonorrhoea a quarter century ago. Perhaps even as much as you possessed not so long ago as that. I would also hazard the guess that if we would begin to devise systematic procedures for putting this knowledge and these skills to work as you did, through education, through case finding, through the provision of generalized family diagnostic and treatment facilities, through the coordination with them of our specialized treatment facilities, through considered and tested plans for measuring both the rise and fall of family problems, we could show as much progress during the next twenty-five years in preventing and controlling the broader problems of family disorganization as, for example, has been shown in the past twenty-five years in the prevention and control of the venereal diseases.

Unfortunately, what is everybody's business is nobody's business, and we seldom try to add up the knowledge and skills of the psychiatrist, the family caseworker, the children's caseworker, the criminologist, the probation expert and the rest. Few have even begun to think deeply about how to measure the spread and depth of family breakdown, of the problems of behavior and maladjustment which stem from it, of how systematically to organize, focus and coordinate our battery of specialties on a comprehensive planned effort to prevent and control its rise and spread. It seems to me that we ought to know enough now to be able to begin to do that. It seems to me that until we begin to think in terms of planning which does embrace all our specialties, that it will be very difficult for this panel or any other, to arrive to a very satisfactory answer to the question "whose job is marriage and family counseling?"

For to me at least, the question is not so much whose job it is, administratively speaking—that is whether it belongs to a family service agency, or the court to which people come to get their divorces, or to a social hygiene society which sees that stable family life is the best preventive of sex indulgence. The first question is to me—Is marriage and family counseling a true specialty, that is, one requiring a body of knowledge and a skill not possessed by other specialists who work with other segments of family life? If it is,

the second question is how to delimit as precisely as may be, the function of that specialty in relation to other specialties, which in combination are equipped to diagnose and treat the total social, economic and mental problems of a given family. My third question is how intelligently to direct the flow of troubled families to this specialty and the others, so that each family will be assured that the full battery of knowledge and skills needed to meet all of its particular difficulties will be brought to bear upon them. It seems to me that when we are able to answer such questions as these, not only about marriage counseling but about the rest of our specialized facilities, in terms of a systematic plan for the prevention and control of family disorganization, we will have begun, and only then begun, to put the question of administrative auspices in its proper setting and perspective.

A couple of weeks ago, I listened to an address by Dr. Arthur Compton, now the St. Louis member of this distinguished family of physicists. He had been asked to speak about the role of social work in the modern social setting. I think that his sponsors asked him to speak on the wrong subject, as I am sure mine today are by now convinced of the same error. But nevertheless, it was fascinating to see how his trained mind worked its way through subject matter with which obviously he was not too familiar, and one of his points was put as clearly as I have ever heard it stated. Unfortunately, he spoke only from notes and I can only paraphrase the language which he used in analyzing the fact that, in this same half century or more of which I have been speaking, we have become a nation of specialists. Scientific and technological advances have broken the process of production in business, industry, the arts, the professions and service trades into multiple parts, each in varying degrees a specialty in itself. He paid tribute, as indubitably one must, to the resultant vast enrichment in both the material and spiritual things of life. But he also put his finger squarely on its point of "greatest vulnerability." That is, that in terms which are vividly brought home to us almost every day, the specialists of our modern society are interdependent, the ability of the system to function as a system depends upon the maintenance of reasonably smooth coordination between the specialties. And because responsibilities for that smooth coordination are now loose, diffuse or altogether absent, the maintenance of these interdependent relationships is easily subject to pressures, conflicts of interest which throw large sections out of gear, indeed, as we are seeing in various parts of the globe today, which can throw society itself completely out of gear into a resulting state of near or actual chaos.

When one looks at the current state of civilization, at least as we know it in America, our own endeavors in the field of the humanities seem small. Yet I think it cannot be denied that, in our field, we are struggling with this same underlying problem. It is a problem which in our field has emerged very largely within my own generation. And it is one to which in the next decade or two we will be bound to dedicate much of our thought and energies.

I take it, from the nature of this panel and its topic that you are aware of the significant stage which we have reached, as I know that other fields of service closely allied to your own are similarly aware. And it is, I am sure, from just such a cross-fertilization of interests as this, that eventually we shall work out patterns of relationships within which to continue all of our special knowledge and skills upon the factors which make for instability in family life and its resultant ill effects upon individual behavior and adjustment. As we work toward that end, I for one am confident that our ability to stem at least some of the trouble which is welling up from the slow process of re-formation of the institution of the family, will be immeasurably enhanced and strengthened.

RECOMMENDED READING ON MARRIAGE AND FAMILY RELATIONS

Books

- Marriage and Family Relationships.** Robert G. Foster. Macmillan Co., 1944. 314 p. \$3.00.
- Modern Marriage.** Paul Popenoe. Macmillan Co. New edition. 1945. 299 p. \$3.00. For young men and their sisters, cousins and sweethearts.
- Marriage and Family Counseling.** Sidney E. Goldstein. New York, McGraw-Hill, 1945. 457 p. \$4.00.
- Marriage Is a Serious Business.** Randolph Ray. McGraw-Hill, 1944. 164 p. \$2.25. By the rector of the Little Church Around the Corner.
- When You Marry.** Evelyn M. Duvall and Reuben Hill. Association Press, 1945. 464 p. \$2.75.
- A Marriage Manual.** Hannah and Abraham Stone. Simon and Schuster, 1935. 334 p. \$2.50.
- The Sexual Side of Marriage.** Max J. Exner. Norton Co., 1932. 252 p. \$2.00.
- Marriage and the Family.** R. E. Baber. McGraw-Hill, 1939. 656 p. \$4.00.

Pamphlets

(10 cents each unless otherwise indicated)

Pub. No.

- A-615 **Making Marriages Last.** Ray H. Everett. 5 cents.
- A-176 **Choosing a Home Partner.** Newell W. Edson.
- A-220 **Education for Marriage.** Max J. Exner.
- A-540 **Health for Man and Boy** } William F. Snow
A-541 **Health for Women and Girls** } Special series. New edition. 1944.
A-542 **Marriage and Parenthood** } 25 cents per set.
A-546 **Sex Education in School Programs on Health and Human Relations.** Maurice A. Bigelow. 5 cents.
- **Building Sex into Your Life.** For young men, but of } Paul Popenoe
equal interest to young women. 25 cents. }
- **Petting, Wise or Otherwise.** E. L. Clarke, 25 cents.
- A-601 **Education and Guidance Concerning Human Sex Relations.** Maurice A. Bigelow. 5 cents.
- A-679 **What Do Young People Want in a Marriage Partner?** Mirra Komarovsky.
- A-681 **Marriage and Divorce in the U. S. Today.** C. C. Zimmerman and others (including *Marriage in the Modern World*, Buell Bradley). 15 cents.

For further information and additional lists of social hygiene books, pamphlets, exhibits, films and other materials, address

Publications Service
AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway, New York 19, New York

NATIONAL EVENTS

ELEANOR SHENEHON

Director, Division of Public Information and Extension, American Social Hygiene Association

American Association of Social Workers Proposes Legislation to Set Standards.—Legislation in each state to restrict the practice of social work “to persons designated as qualified practitioners by an appropriate agency” was recommended by the American Association of Social Workers, at its conference in San Francisco on April 12.

Paul L. Benjamin, president of the association, said that while it was generally agreed that regulation was necessary, each state must enact its own restrictive measures, since the Federal Government does not have the power to legislate for businesses not involved in interstate commerce. Regulation of social work practice would facilitate the recruitment and selection of persons with “basic preparation for social work positions and will at the same time encourage higher standards of professional competence,” he said.

The proposal for regulation originated in 1935 when a committee of the association was appointed to deal with the certification of social workers. Not until an experiment was carried on in California, which led to the passage last year of the first state registration law, was the association able to arrive at a majority opinion on the question of government control.

The association agreed to sponsor a drive for six “essentials”—to increase the number of qualified persons in the field, to increase the salary incentive for qualified persons, to extend “the awareness on the part of social work practitioners as to their responsibility for the public good,” to increase understanding by the general public, to arrive at high standards within the profession which will be basic for competent practice, and to draft a satisfactory bill with a program to obtain its passage. The Philadelphia chapter agreed on \$3,000 as a fair salary for a beginning social worker.

National Catholic Welfare Conference Drafts Declaration of Human Rights.—One section of a statement on human rights drafted by a committee of the N. C. W. C. outlines the rights pertaining to the family, as follows:

“The family is the natural and fundamental group unit of society and is endowed by the Creator with inalienable rights antecedent to all positive law. The family does not exist for the State, but on the other hand is not independent. Among these rights are:

1. The right to marry, to establish a home and beget children.
2. The right to economic security sufficient for the stability and independence of the family.

3. The right to the protection of maternity.
4. The right to educate the children.
5. The right to maintain, if necessary by public protection and assistance, adequate standards of child welfare within the family circle.
6. The right to assistance, through community services, in the education and care of the children.
7. The right to housing adapted to the needs and functions of family life.
8. The right to immunity of the home from search and trespass.
9. The right to protection against immoral conditions in the community.

Copies of the Declaration were forwarded to the United Nations Commission on Human Rights, of which Mrs. Franklin D. Roosevelt is Chairman.

Army Venereal Disease Control Council Established.—The War Department announced recently the establishment of a Venereal Disease Control Council for the purpose of insuring that all possible control measures are employed and to reduce the rate of venereal disease in the Army. Major General Willard S. Paul, Director of Personnel and Administration, has been designated as Chairman of the Council. Other members already appointed are Major General Norman T. Kirk, The Surgeon General; Major General Floyd L. Parks, Chief, Public Relations Division; Chaplain (Major General) Luther D. Miller, Chief of Chaplains; Brigadier General Russel B. Reynolds, Chief, Special Services Division; Brigadier General Blackshear M. Bryan, The Provost Marshal General; and the Recorder, Lieutenant Colonel John J. Easton, Personnel and Administrative Division. Representatives of the Secretary of War, Army Ground Forces and Army Air Forces will be named to the Council shortly.

The Council will meet each month to consider venereal disease problems as they affect service personnel, develop standard educational and control measures, and review control procedures adopted in the field. In addition, it is authorized to take immediate corrective action when reports indicate existence of unsatisfactory conditions beyond control of local or Army commander and to establish policy for reduction and control of venereal disease based on appropriate research studies, surveys and field experience. It will also coordinate and assist the Joint Army and Navy Disciplinary Control Board on disciplinary problems related to venereal disease control.

U. S. Army VD Training Course at University of Pennsylvania.—Surgeon General Norman T. Kirk has announced the completion of the first Army post-war course in venereology, with sixteen selected Army Medical Department officers enrolled, at the University of Pennsylvania under the direction of Dr. John H. Stokes, Director of the Institute For The Study of Venereal Disease, Professor of Dermatology-Syphilology in the Graduate School of Medicine, University of Pennsylvania, medical consultant to the Secretary of War, and Chairman of the General Advisory Board of the American Social

Hygiene Association. Dr. John W. Ferree, Director, ASHA Division of Educational Services and Special Problems, also participated in the training course with a lecture on "*Cooperation in the Venereal Disease Control Programs of the Military Forces.*"

The University of Pennsylvania course, held December 9-February 5, is the first of several two-months courses planned by the Army to train medical officers in the management of venereal diseases with particular stress on syphilis. A second such course was scheduled to open in January at the University of Southern California, Los Angeles, and another course at a third medical school is planned.

Courses are to run for a period of eight to ten weeks and each class to be limited to about fifteen officers. The courses include both clinical and didactic work as well as detailed instruction on administrative management and maintenance of comprehensive medical records. Only Regular Army and Category 1 officers are selected to attend. Following completion of the course, these officers will be systematically placed in key positions to supervise and handle treatment of venereal disease. It is emphasized by the Army that it does not expect to turn out finished specialists in venereology in this period. Because of rapid demobilization there is a marked shortage of officers who have had VD training. The need is so urgent at the present time that it has been necessary to expedite the training in order to maintain the Army's standards on VD management.

"This abbreviated course will not give us specialists in venereal disease management," General Kirk said, "but it will be a step in the right direction. We must have Regular Army and Category I Medical Officers to replace those specialists in venereology who are being separated from the Service and to assure uninterrupted work in venereal disease control. Expert civilian consultants in this field are also available to the Army."

Navy Venereal Disease Control Committee in Sixth Year of Operation.—Although the Navy Department Committee on Venereal Disease Control was officially organized on May 27, 1946, for the purpose of coordinating action required in connection with the control of VD and the suppression of prostitution, an unofficial committee has been in operation since 1941. The present committee is composed of representatives from the Welfare, Corrective Services, Training, Chaplain and Training Aids Divisions of the Bureau of Naval Personnel, along with a representative of the Marine Corps, and the Chief of the Division of Preventive Medicine as well as the Officer in Charge of the Venereal Disease Control Section of the Bureau of Medicine and Surgery, according to a report from Commander George W. Mast, Chief, Venereal Disease Control Section.

This committee meets on the second Wednesday of each month, preparatory to the meeting of the Central Joint Army-Navy Disciplinary Control Board on the third Wednesday of each month. It takes up all matters dealing with Venereal Disease Control, suppression of prostitution and other conditions which might adversely affect

the health, welfare and morals of Naval personnel. The committee also decides which matters will be handled directly by the Navy and which will be referred to the Central Joint Army-Navy Disciplinary Control Board.

The Navy Committee's functions are similar to those laid down for the Army Council. It differs in its type of representation as the Navy Committee is not composed of Chiefs of the various services, but rather their subordinates who actually do the work in the service represented.

War Department Advisory Council Regional Meetings.—Miss Margaret S. Banister, Chief of the Women's Interests Unit, War Department Bureau of Public Relations, announces that a series of regional meetings of members of its Advisory Council have been held in the several Army Areas of the country. Meetings included:

Second Army Area:	
Fort Meade, Maryland.....	March 19, 1947
Third Army Area:	
Memphis, Tennessee.....	April 7, 1947
Fifth Army Area:	
Chicago, Illinois.....	April 21, 1947
Sixth Army Area:	
Fort Lewis, Tacoma, Washington.....	May 20, 1947

Meetings will be held, on dates to be announced later, in New York City for Advisory Council Members in the First Army Area and in San Antonio, Texas; New Orleans, Louisiana; Fort Sill, Oklahoma; and Albuquerque, New Mexico, for the Fourth Army Area.

Army-Navy Nurse Corps Made Permanent.—On April 17, President Truman signed a bill establishing a permanent Nurse Corps of the Army and Navy. Present at this momentous occasion to see the President affix his signature were Colonel Florence A. Blanchfield, Superintendent of Army Nurse Corps; Lieutenant Commander Ruth B. Dunbar, Assistant to the Superintendent of the Navy Nurse Corps; Major Helen Burns, WAC, Director of Dietitians, and Major E. E. Vogel, WAC, Director of Physiotherapists.

Play Schools Association Meets in Annual Conference.—"A challenge for cooperative planning" was the theme of the two-day conference of the Play Schools Association held at their New York City headquarters on March 28th and 29th, when round-table discussions on local and national trends in the child care field were held.

Speakers included Dr. Crystal M. Potter, Assistant Director of the New York City Department of Welfare, who spoke on *The Child's Rights in the Community*; Dr. Howard A. Lane of New York University whose topic was *The Teacher as the Agent of the Child*; Miss Rose Goldman, Bureau of Child Guidance, who discussed *The Family as the Clue to the Child*; Mr. Frederick H. Bair, Executive Assistant of the State Education Department; Dr. E. Franklin Frazier, professor of Sociology at Howard University; and Vincent Sheean, author and foreign correspondent, who spoke on *One World Ahead: Are the Young Being Prepared to Live in It?*

Mrs. Fred M. Stein is President of the Association and Mrs. Adele S. Mossler its Director.

Tenth Annual Conference on Conservation of Marriage and the Family.—This Conference, founded by the late Dr. Ernest Groves and now under the direction of his widow, Mrs. Gladys Hoagland Groves, was held at Chapel Hill, North Carolina, April 8–10, with a program which included the following topics and speakers:

Tuesday, April 8: *Family Finances*, Albert S. Keister, Ph.D.; *Brain Waves, Heredity and Behavior*, Hans Lowenbach, M.D.; *Insights Needed in Education for Marriage*, S. Bernard Wortis, M.D.; *Cultural Patterns in Premarriage and Marriage Behavior*, John L. Gillin, Ph.D.

Wednesday, April 9: *Insights Needed in Marriage Counseling*, S. Bernard Wortis, M.D.; *Temperament and Physique in Relation to Personality*, Dolores Van Covenhoven Nourse, M.A.; *Educating and Counseling Fathers*, Gelolo McHugh, Ph.D.; *A Christian Context for Counseling*, W. D. Bowman.

Thursday, April 10: *Teaching Family Relationships*, Mildred I. Morgan; *Legal Matters a Marriage Counselor Should Know*, John S. Bradway; *A Study of Continent Adolescent Boys and Girls*, Lester A. Kirkendall; *A Marriage Clinic in London*, Moya Woodside; *Temperament and Physique in Relation to Marriage and Family Life*, Dolores Van Covenhoven Nourse, M.A.; *Planned Parenthood Work with Negroes*, Marie S. Key; *Psychiatric Insights into Choice of Mate and Marriage Happiness*, Carol Cotton Bowie, M.D.

Mayhew Derryberry Temporarily Assigned to Red Cross.—Mayhew Derryberry, Ph.D., Chief of the U. S. Public Health Service's office of Health Education, Washington, was recently assigned temporarily to serve as Consultant in Health Education with the American National Red Cross. Dr. Derryberry, at the request of the Red Cross, studied its present health education services for the purpose of evaluating and coordinating programs now in operation. He has also advised with Dr. G. Foard McGinness, Red Cross vice-chairman for Health Services, on possible future health education activities of the national organization.

Dr. Ferree Appointed by Health Council.—Philip R. Mather, president, has announced the appointment of Dr. John W. Ferree, former Director of ASHA Division of Educational Services, as Associate Executive Director of the National Health Council, as of May 1, 1947. Dr. Ferree's appointment is in line with plans of the Council to increase its services to local and state health councils. Working in close cooperation with Bailey B. Burritt, who was named Executive Director early this year, Dr. Ferree will be engaged principally in helping existing local, county and state health councils broaden the scope of their usefulness, and in stimulating the formation of councils where their establishment would advance the effectiveness of community and state health agencies, said Mr. Mather.

American Association of University Women Hold Biennial Convention.—The first convention of the AAUW since 1941 brought 1,200 delegates to Dallas, Texas, for the Biennial Convention April 14–18, 1947, to formulate postwar programs for 93,000 members in 980 branches throughout the forty-eight states.

Health measures endorsed by the convention included expansion of the rehabilitation program for both veterans and civilians; an effective nutrition program; and appropriation of federal funds, under conditions safeguarding state control, for the extension of hospital, maternal and child health, and public health facilities and personnel.

The Association voted to oppose "any equal rights amendment to the Constitution, unless such amendment provides safeguards for the health, safety, and general welfare of women." The other legislative items concerned with the status of women were: opposition to discrimination in employment and property rights on the basis of sex or marital status and support of the principle of women's fullest participation in all social, economic and political life "with safeguards for health, safety and general welfare of women."

Election of officers resulted as follows: *President*, Dr. Althea Kratz Hottel, Dean of Women and instructor in Sociology, University of Pennsylvania, Philadelphia, Pa.; *First Vice-President*, Dr. Margaret M. Justin, Dean of the Division of Home Economics, Kansas State College, Manhattan, Kansas; *Second Vice-President*, Judge Dorothy Kenyon, New York attorney and former Judge of the Municipal Court of New York City, currently the U. S. Delegate on the Commission on the Status of Women of the United Nations; *Treasurer*, Mrs. Frederick G. Atkinson of Minneapolis, Minn. *Regional Vice-Presidents*: *North Atlantic*, Dr. Josephine B. Glasgow, Albany, N. Y.; *South Atlantic*, Dr. Gillie A. Larew, Dean of Randolph-Macon Woman's College, Lynchburg, Virginia; *Northeast Central*, Mrs. R. W. Holmstedt, Bloomington, Indiana; *Southeast Central*, Dr. Susan B. Riley, Associate Professor of English, George Peabody College for Teachers, Nashville, Tennessee; *Northwest Central*, Mrs. Thomas Aron of Crete, Nebraska; *Southwest Central*, Dr. Anna Powell, Professor of History, North Texas State College, Denton, Texas; *Rocky Mountain*, Mrs. Charles S. Bluemel, Denver, Colorado; *North Pacific*, Mrs. Eric Allen Johnston, Spokane, Washington; *South Pacific*, Mrs. Edward C. Lamphier, San Mateo, California.

Dean Pound Remains President of National Probation Association.

—The closing session of the annual conference of the National Probation Association at San Francisco on April 12 found Dean Roscoe Pound, former head of the Harvard University School of Law, who will return to China for two years, remaining as president; Judge George W. Smyth of the Westchester County, New York, Children's Court, vice-president with executive powers, and Charles L. Chute, executive director.

In addressing the conference William Shands Meacham, director of the Virginia State Parole Board, said that the average offender, between 18 and 28 years of age, usually makes a satisfactory adjustment to life. He asked for removal of all "impossible conditions of parole" and gave as an example some states "where the ownership of firearms was so specifically prohibited that a parolee could never hope to go hunting."

Dean Mayo Elected President at National Conference of Social Work Convention.—Dean Leonard W. Mayo of the School of Applied Social Sciences, Western Reserve University, Cleveland, Ohio, was elected president of the National Conference of Social Work

at its annual convention in San Francisco, California, April 13-19, for the year 1947-1948. He will preside at the joint meeting of the National Conference and the International Conference of Social Work in Atlantic City next year, when the Conference will observe its 75th anniversary with a membership which is expected to total more than 10,000.

The convention was attended by delegates from the forty-two associate groups of the Conference and considered many important problems including the establishment of an international social welfare organization either within, or closely allied with, the United Nations. A comprehensive and integrated social and welfare program was called for by the American Association of Social Workers.

B'nai B'rith Women's Council Elects New Officers.—Mrs. Abram Orlow of Philadelphia, was recently elected national president of the B'nai B'rith Women's Supreme Council, succeeding Mrs. Ida Cook Farber of New York.

Other new officers include: Mrs. Hyman C. Weisman of St. Louis, Mrs. Maurice Bisgyer of Washington, and Mrs. Max Katz of Brookline, Massachusetts, vice-presidents; Mrs. Dal Siegel of Salt Lake City, treasurer; Mrs. Charles Solovitch of Detroit, historian; Mrs. Arthur G. Laufman of Chicago, counselor, and Mrs. M. A. Temerson of Tuscaloosa, Alabama, secretary.

American Red Cross Appoints Margaret Wood Hagen.—Appointment of Margaret Wood Hagan as national director of American Red Cross service in Army and Navy hospitals has been announced by National Chairman Basil O'Connor. Formerly deputy director of the service, Miss Hagen succeeds Miss Eleanor C. Vincent who recently retired.

Miss Hagen, nationally known for her work as teacher, writer and psychiatric social worker, has been in Red Cross service for 23 years. Prior to her appointment as deputy director last October, she was for a number of years director of the Red Cross service at St. Elizabeths Hospital, Washington, D. C.

She is vice-president of the American Association of Psychiatric Social Workers and a member of the board of governors of the Washington Institute of Mental Hygiene, and a fellow of the American Orthopsychiatric Association.

Dr. Edward L. Bortz A.M.A. President.—The Board of Trustees of the American Medical Association has announced the resignation of Dr. Olin West of Nashville, Tennessee, as President-Elect of the A.M.A. because of ill health. Dr. Edward L. Bortz of Philadelphia, who was elected Vice-President at the June, 1946, meeting in San Francisco, succeeds to the office of President-Elect and will be inaugurated as President at the 1947 annual session in Atlantic City, June 9-13.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension,
American Social Hygiene Association*

Alabama: Dr. Gill Appointed State Health Officer.—Dr. D. Gordon Gill, formerly Director of the Bureau of Preventable Diseases of the Department of Health, has been appointed State Health Officer of Alabama. He succeeds Dr. Burton F. Austin, who resigned to become a staff member of the American National Red Cross.

Connecticut Health, Physical Education and Recreation Association Meets.—The second annual convention of the Connecticut Association for Health, Physical Education and Recreation was held April 17-18, at New Haven. The two-day program included visits to schools and the Arnold Gesell Clinic of Child Development, a health clinic for visual aids in schools, talks by Dr. Frank J. O'Brien, Associate Superintendent, Board of Education, City of New York, on *Goals of Health Education* and *What Health Education Can Accomplish*; showing of health films, and panel discussions on *The Physical Examination as a Health Education Experience*; *Some Administrative Problems in Health Education*, and *Helping Teachers to Improve Health Education*.

Florida Reports Effectiveness of Premarital and Prenatal Laws.—The February, 1947, issue of *Florida Health Notes*, published by the Florida State Board of Health, is devoted to an article on *Veneral Disease Control in Florida* by Dr. R. F. Sondag, Director, Bureau of Preventable Diseases. He states that one of Florida's great public health mile posts was the enactment by the 1945 Legislature of the Premarital and Prenatal laws, which become effective on October 1, 1945.

In 1946, the first complete year on which results can be shown, 42,407 blood tests, of which 2,825 were positive, were made in compliance with the Premarital Blood Test Law. A total of 37,878 tests were taken on expectant mothers, with 1,938 positive. Progress made through the law is reflected in the reduction of cases of congenital syphilis reported: 753 cases being reported in 1943 and only 447 cases in 1946.

"As we progress with this weapon," Dr. Sondag says, "congenital syphilis in the State of Florida should become a rare condition. The premarital and prenatal laws have already proven a huge success for the first fifteen months of operation and additional beneficial results will be reflected in years to come by happier marriages and strong, healthy children."

Dr. Sondag stresses the need for prevention and the understanding that conduct, and not medication, is the core of the VD problem; for steady, vigorous citizen support in repressing prostitution; and the knowledge on the part of every person, young and old, of the dangers of venereal diseases, the need to avoid exposure and to seek treatment promptly if infection occurs.

A fire in April, 1946, destroyed half of the hospital at Ocala, forcing curtailment in admissions to the rapid treatment center during the past year. Negotiations to acquire a new rapid treatment center, culminated in the acquisition of the Ernest Hinds Hospital Ship, opened as a rapid treatment center on the St. Johns River in Jacksonville on July 1, 1946. The State Board of Health is searching for a suitable, modern facility to provide adequate treatment for all those in need of intensive therapy.

Illinois: Dr. Leonard Schuman VD Chief.—Dr. Roland R. Cross, Director of the Department of Health of the State of Illinois, has announced the appointment of Dr. Leonard Schuman of the U. S. Public Health Service, to the position of Chief of the Division of Venereal Disease Control.

Massachusetts: Dr. George E. Perkins Dies in Auto Accident.—The death of Dr. George E. Perkins, Director of the Division of Venereal Diseases of the State Department of Public Health, occurred on April 3, by an automobile accident as he was on his way to Greenfield on official business. The April, 1947, issue of the *Bulletin* of the Massachusetts Society for Social Hygiene says:

“News of the sudden and tragic death of Dr. George E. Perkins came as a shock to the officers, directors and staff members of the Society, as it must have to his other friends and co-workers throughout the State. Dr. Perkins had been a member of the Executive Committee of the Society since his appointment to the State Department post. We shall miss his constant friendliness and active interest in the Society’s work.”

Massachusetts: Marriage and Family Life Council Set Up.—In process of organization is a *New England Council on Marriage and Family Life*, according to the April issue of the *Bulletin* of the Massachusetts Society for Social Hygiene, to be set up as a regional branch of the National Council. Lester W. Dearborn, director of the Counseling Service of the Massachusetts Society, is acting as temporary chairman of this developing organization. To help Mr. Dearborn in the work a committee is being formed of representatives from Maine, New Hampshire, Vermont, Rhode Island and Massachusetts. It is hoped that organization will be materially advanced by early summer and that a regional conference will be held during the fall.

Massachusetts Selects Josephine Abbott Sever as 1947 Mother.—The Massachusetts American mothers committee of the Golden Rule Foundation named as the mother of the year, Mrs. James Warren Sever of Cambridge, ASHA educational consultant, Executive Secretary of the Rhode Island Social Hygiene Association, and a Board member of the Massachusetts Society. Interviews with Mrs. Sever, together with her picture, were front-page features of all Boston newspapers, one of which introduced her as, “a 56-year-old Cambridge mother of five grown children, and a grandmother of seven, who has gained fame as a lecturer, teacher, psychologist and writer.”

The printed program for Boston's Annual Observance of Mother's Day on May 11 featured a picture of Mrs. Sever on the cover. The program included addresses by the Governor and Mayor, and presentation of flowers to Massachusetts' outstanding mothers of 1947. The Monday following this celebration, Mrs. Sever was honored with a luncheon given by the Massachusetts State Mothers' Committee, at which Dr. Walter Clarke, ASHA Executive Director, was a speaker.

Missouri Has New VD Control Director.—According to a recent announcement, Dr. C. W. Meinershagen is now Director of Venereal Disease Control Services, Section of Preventive Medicine of the Missouri State Board of Health.

New Jersey Tuberculosis League Names New Executive Secretary and Holds Spring Conference.—William Arkwright Doppler, Ph.D., Director of the National Tuberculosis Association, has been named to succeed Ernest D. Easton as Executive Secretary of the New Jersey Tuberculosis League, assuming the duties of his new position as of April 1, 1947. Mr. Doppler has been associated with the National Tuberculosis Association since 1935, first as a staff worker for the organization's health education division and then as director of the annual early diagnosis campaign.

The League's Spring Conference on Social Hygiene and Tuberculosis was held in Newark on April 16. Dr. Charles F. Marden, Associate Professor of Sociology, Rutgers University, Social Hygiene Committee Chairman, introduced Dr. A. J. Casselman, Acting Chief Division of Venereal Disease Control, New Jersey State Department of Health, who presided over the Social Hygiene Section program featuring as topics and speakers:

The VD Situation in New Jersey, Dr. Roscoe P. Kandle, Director, Bureau of Preventable Diseases, New Jersey State Department of Health.

The Role of the State in Community Services, Mrs. Hortense Fulk Kessler, Newark, Member of State Board of Control, Department of Institutions and Agencies; Chairman, Advisory Committee, Division of Community Services for Delinquency Prevention.

Case Work as a Resource for Youth, Daphne Hughes, Executive Secretary, Youth Consultation Service, Newark.

How New Jersey Is Training Teachers in Family Life Education, Vera H. Brooks, Assistant Professor in Health Education, State Teachers College, Newark.

At the Conference luncheon session, where Dr. Harold S. Hatch, League President, presided, Colonel John S. Roosma, CMP, Provost Marshal, Headquarters First Army, Governors Island, New York, reported on *Control of Venereal Disease Among the Military of the Area*, and Dr. William A. Brumfield, Jr., Director, Division of Syphilis Control, New York State Department of Health, gave an address on *Some Present Day Needs and Problems in Public Health and Social Hygiene*.

New York Academy of Medicine Centennial Celebration.—Marking the 100th anniversary of the founding of the New York Academy of Medicine, a series of meetings, institutes, and related programs of societies covering the period from March 6 to April 25, included as speakers some of the best known figures in the broad fields of medicine and public health. Dr. George Baehr, Academy President and ASHA Board member, John A. Ryle, Professor of Social Medicine, Oxford University, and Mayor William O'Dwyer were featured speakers at the Centennial Dinner at the Waldorf-Astoria Hotel on March 6, which opened the Centennial celebration.

The subjects covered by the institutes were: Library, Social Medicine, Public Health, Medical Education, Hospitals. In addition, all the major divisions of medicine and surgery were included in excellent programs of eleven sections. For example, the program of the *Section of Dermatology and Syphilology*, beginning April 1st, comprised the following subjects and speakers:

History of Section of Dermatology and Syphilology of the New York Academy of Medicine, Howard Fox, Professor Emeritus of Dermatology and Syphilology, New York University College of Medicine; *The Training of a Dermatologist*, C. Guy Lane, Professor of Dermatology and Syphilology, Harvard University Medical School; *Penicillin Treatment of Syphilis—With Some Observations on Syphilotherapy in the Past One Hundred Years*, Harold N. Cole, Professor of Dermatology and Syphilology, Western Reserve University School of Medicine; *The Old and New in Dermatologic Therapy*, Fred Wise, Clinical Professor of Dermatology and Syphilology, Skin and Cancer Unit, New York Post-Graduate Medical School, Columbia University.

The *Institute on Social Medicine*, held March 19, 20 and 21, attracted wide attention and attendance, particularly the concluding dinner meeting which closed with an address by Lord Thomas Horder, Physician in Ordinary to King George VI of England. In addressing the second day session, Dr. Dean A. Clark, medical director of the Health Insurance Plan of Greater New York, told his audience that unless physicians use their knowledge and skills for improving the health of all the people, the medical profession faces a dark future.

"If there is any hope that the patient will some day realize his full responsibility in health, the doctor must show the way," he declared. "But he can do this only if he can offer the full personal, emotional and social, as well as 'medical' understanding that his patient requires, and furthermore, only if the patient has full access to his services."

Speaking at a morning session on epidemiology in social medicine, Dr. Hugh Leavell, Harvard University, said despite the fact that penicillin is proving an excellent treatment for venereal disease, the VD rate is rising rather than diminishing. This finding indicates, Dr. Leavell contended, that the problem is broader than that of treatment alone. "There must be a concerted assault on all aspects of the situation if effective control is to be secured. There must be an attack of all community agencies that can help remove conditions leading to promiscuity."

Dr. Baehr said that in this country "social medicine as yet is everybody's business but nobody's responsibility" and expressed hope that the meetings would "focus attention upon the urgent need for a more systematic coordination of our efforts to investigate the social factors responsible for disease" and ultimately to correct them.

This memorable series of scientific meetings, which closed with the Centennial Convocation, April 24th, attracted world-wide attention and representation. The proceedings constitute a notable contribution to the advancement of the science and art of medicine in all its expanding fields of influence on the health and welfare of mankind.

New York: Harlem Council Holds Annual Meeting.—The Harlem Council on Social Hygiene, of which Augustine A. Austin is President, held its Annual Meeting on April 2. The program included Dr. Jerome S. Peterson, District Health Officer of the Red Hook Gowanus Health District, New York City Department of Health, who spoke on his experiences *With UNRRA in China*, and Dr. Vernon A. Ayer, Health Officer of the Central Harlem Health District, who spoke on *The Continuing Fight Against Venereal Diseases*. The ASHA was represented at the meeting by Miss Eleanor Shenehon, Director of the Division of Public Information and Extension.

New York Tuberculosis and Health Association Holds Meeting.—At the joint annual meeting of the New York Tuberculosis and Health Association with the Tuberculosis Sanatorium Conference of Metropolitan New York, held in New York on March 20th at the Pennsylvania Hotel, sessions on *Tuberculosis, Health Education, Social Hygiene* and other aspects of community welfare ran simultaneously. The forenoon session of the Social Hygiene Program included the following topics and speakers:

General Aspects of the Treatment of Syphilis: Bruce Webster, M.D., Assistant Professor of Clinical Medicine, Cornell University, Medical College; *Congenital Syphilis and Syphilis in Pregnancy:* Herman Beerman, M.D., Assistant Director, Institute for the Study of Venereal Disease, University of Pennsylvania; *Experience of the Army in the Treatment and Control of Venereal Diseases:* William A. Brumfield, Jr., M.D., Director, Division of Syphilis Control, New York State Department of Health; *Gonorrhoea:* Howard S. Jeck, M.D., Associate Professor of Urology, Cornell University Medical College; *Limitations of Current Syphilis Therapy:* A. Benson Cannon, M.D., Associate Professor of Dermatology and Syphilology, College of Physicians and Surgeons, Columbia University; *Psychiatric Aspects of the Venereal Disease Problem:* Carl Binger, M.D., Assistant Professor of Clinical Psychiatry, Cornell University Medical College.

During the afternoon session, the Honorable Edgar Bromberger, Chief City Magistrate, Magistrates' Courts, and Mr. Austin H. MacCormick, Executive Director, The Osborne Association, spoke on *Related Phases of the Family and Social Hygiene*. This was followed by a panel discussion on *Social Hygiene Aspects of School Health Education*. Prof. Jay B. Nash, Chairman of Physical Education and Health, New York University, served as Moderator. Discussion leaders were Miss Mary Fitzgerald, Director Health Education Committee, Board of Education, New York City; John W. Ferree, M.D., Director of Division of Educational Services, American Social Hygiene Association; Dr. Benjamin C. Gruenberg, author of *Parents and Sex Education*, and *High Schools and Sex Education*; Dr. Charles A. Siepmann, Director, Film Library, New York University; Dr. Herbert Walker, Professor of Health Education, Teachers College, Columbia University.

Dr. Martin H. Collier, Superintendent of the Camden County Tuberculosis Hospital, Camden, N. J., was elected Chairman of the Tuberculosis Sanatorium Conference, and Dr. William G. Childress, Physician-in-Charge, Tuberculosis Division, Grasslands Hospital, Valhalla, N. Y., Vice-Chairman. G. Donald

Buckner, Secretary of the Tuberculosis Division of the New York Tuberculosis and Health Association, was reelected Secretary of the Conference and G. J. Drolet, Statistician of the Association, was reelected Consulting Statistician.

New York: Dr. Herbert R. Edwards Named Executive Director Tuberculosis and Health Association.—Bailey B. Burritt, President of the New York Tuberculosis and Health Association, has announced the appointment of Dr. Herbert R. Edwards, Director of the Bureau of Tuberculosis, New York City Department of Health, as Executive Director of the Association. Dr. Edwards will succeed Mr. Frank Kiernan upon his retirement September 1, after a thirty-three year career in tuberculosis work throughout New York, New Jersey and Massachusetts. Mr. Kiernan followed the late Harry L. Hopkins as head of the Association on December 2, 1935.

Dr. Edwards once served on the staff of the Trudeau Sanatorium at Saranac Lake, New York, and formerly was tuberculosis clinician of the Virginia State Board of Health, medical field secretary of the National Tuberculosis Association, and director of tuberculosis of the Department of Health, New Haven, Connecticut. In 1942 he was appointed Assistant Professor of Public Health at the Cornell Medical School, and in 1945 he was appointed advisory consultant to the Tuberculosis Control Division, U. S. Public Health Service.

Dr. Edwards also is Secretary and a Director at Large of the National Tuberculosis Association, Lecturer in Public Health Practice at Columbia University and a member of the Committee on Public Health, New York County Medical Society.

New York State TB and Health Committee Reports Successful Repression of Prostitution.—In a statement to the New York State Association of Chiefs of Police, Thomas E. Connolly, Special Field Consultant, Committee on Tuberculosis and Public Health, and formerly Social Protection Representative for the Federal Security Agency, reports that thus far, since V-J Day, prostitution has been effectively repressed in New York State. "You deserve hearty congratulations for the magnificent job you have done. The 'Red Light' is out and you can keep it out!", is part of Mr. Connolly's message to Police Chiefs. He warned against promiscuous, pick-up girls, urging a vigilant alert for such persons, who, when apprehended, should be required to have a mandatory examination by health officers.

Mr. Connolly also called the attention of the law enforcement officials to the Federal Security Agency manuals: *Techniques of Law Enforcement Against Prostitution*, *Techniques of Law Enforcement in the Treatment of Juveniles and Prevention of Juvenile Delinquency*, *Standards of Detention of Juveniles and Adults*, and *Techniques in the Use of Policewomen*, and recommended materials available on request to the ASHA.

Texas Has New VD Control Director.—The new director of venereal disease control of the Texas State Department of Health is T. E. Dodd, M.D., M.P.H., who succeeds R. S. Lloyd, M.D., as director of the Division of Venereal Disease.

WORLD NEWS AND VIEWS

JEAN B. PINNEY and JOSEPHINE V. TULLER
Director *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES
AND ACTIVITIES

News from the United Nations

Social Commission—1st Session

Chairman: DR. FRANTISEK KRAUS, Czechoslovakia. *Vice-chairman:* HON. DAVID WILSON, New Zealand. *Rapporteur:* M. HENRI HAUCK, France. *U. S. A. Representative:* ARTHUR J. ALTMAYER.

Eighteen nations are represented, including, besides those already named: Canada, China, Colombia, Denmark, Ecuador, Greece, Netherlands, Peru, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom, Yugoslavia. For a full list of representatives see February 1947 JOURNAL OF SOCIAL HYGIENE.

In the course of its first session, January 20 to February 4, the Commission dealt with *Housing and Town-planning, Standards of Living, Social Security and Child Welfare*, took over some important activities and functions of the League of Nations and adopted a Resolution to urge the International Children's Emergency Fund and the Economic and Social Council to give first priority to raising funds for work in this field formerly done by UNRRA.

Transfer of League of Nations Functions.—The Commission approved transfer to the UN Secretariat of League activities, powers and functions in the fields of traffic in women and children, prevention of crime and treatment of offenders, and child welfare.

Temporary Committee on Social Welfare.—Pending the possible creation of a sub-commission on Social Welfare, a resolution was passed setting up a 7-member Temporary Committee on this subject, to determine the best methods of work in this field and to study composition and terms of reference of a sub-commission. Among items referred to the Temporary Committee for study were: the UN Secretariat's recommendations on training of Social Service Staff, and development of criteria for use in reviewing requests from various governments for advisory welfare services. Miss Katherine Lenroot serves as Chairman of the Temporary Committee.

Cooperation with Other Agencies.—The Commission adopted two resolutions expressing its desire to have the cooperation of UN specialized agencies and of non-governmental organizations.

Next Session.—The Commission's 2nd Session is called for August 28, at Lake Success.

Commission of Human Rights—1st Session

Chairman: MRS. ELEANOR ROOSEVELT, United States of America. *Vice-chairman:* DR. P. C. CHANG. *Rapporteur:* DR. CHARLES MALIK, Lebanon.

Eighteen nations are represented, including, besides those already named: Australia, Belgium, Byelorussian Soviet Socialist Republic, Chile, Egypt, France, India, Iran, Panama, Philippine Republic, Ukrainian Soviet Socialist Republic, United Kingdom, Union of Soviet Socialist Republics, Uruguay, Yugoslavia. For a full list of representatives see February, 1947, JOURNAL OF SOCIAL HYGIENE.

Chief subjects dealt with at the 1st session, January 27–February 10, were: an *International Bill of Rights, Freedom of Information and of the Press, Prevention of Discrimination, Protection of Minorities, and Communications Received.*

International Bill of Rights.—Mrs. Roosevelt, Dr. Chang and Dr. Malik were asked to prepare a preliminary draft of such a Bill, in accordance with the Commission's instructions, for consideration at the next session.

Freedom of Information and the Press.—A sub-commission on this subject was decided upon, to consist of 12 persons, one from a country, to be selected by the Commission consulting with the UN Secretariat, and with the countries concerned. Functions of the sub-commission should be: to examine and report what rights, obligations and practices should be included in the concept of freedom of information; to perform any other functions assigned by ECSOC or the Commission, such as assistance with the forthcoming *Conference on Freedom of Information.*

Prevention of Discrimination and Protection of Minorities.—A sub-commission was appointed to deal with these two subjects, to consist of 12 persons, chosen in the same way as for the sub-commission of Freedom of Information and of the Press, and functions to be (1) to examine and recommend what provisions should be adopted in the definition of principles to be applied regarding prevention of discrimination on the grounds of race, sex, language or religion, and protection of minorities, and (2) to perform such other functions as assigned by ECSOC and the Commission.

Communications.—The UN Secretary-General was asked to compile and furnish on request to the Commission members before each session, a confidential list of communications received concerning human rights.

Next Session.—August 25, 1947, Geneva.

Commission on the Status of Women—1st Session

Chairman: MRS. BODIL BEGTRUP, Denmark.

Concluding two weeks of meetings on February 14, the Commission adopted a report for presentation to the Economic and Social Council, setting forth the principles and aims which will guide the program of work. Affirming that "woman has . . . a definite role to play in the building of a free, healthy, prosperous and moral society and . . . can fulfill this obligation only as a free and responsible member" the report states that "the purpose of the Commission is to raise the status of women, irrespective of their nationality, race, language or religion, to equality with men in all fields of human enterprise and to eliminate all discriminations against women in provisions of statutory law and under maxims and rules of interpretation of customary law."

The Commission outlines its aims under four main headings—political, civil, social-economic, and educational. "To abolish prostitution" is one of the aims stated under social and economic objectives, and another deals with "special provisions for maternal and child care."

The Commission proposes to conduct its efforts through "collaboration with United Nations organs, governments, specialized agencies, non-governmental organizations and any experts deemed necessary." The report also suggests that one or more members of the Commission might visit UN Member States, and a series of regional conferences might be held to make the facts known and stimulate interest.

Economic and Social Council

President: SIR RAMASWAMI MUDALIAR, India. *First vice-president:* DR. JAN PAPANĚK, Czechoslovakia. *Second vice-president:* DR. ALBERTO ARCA PARRO, Peru. *U. S. A. Representative (Acting):* LEROY W. STINEBOWER.

Eighteen nations are represented on the Council, including, besides those named above: Byelorussian Soviet Socialist Republic, Canada, Chile, China, Cuba, France, Lebanon, Netherlands, New Zealand, Norway, Turkey, Union of Soviet Socialist Republics, United Kingdom.

Two departments of the UN Secretariat are assigned to assist the Council and its Commission: The Department of Economic Affairs, headed by A. D. K. Owen, Assistant Secretary General, and the Department of Social Affairs, headed by Professor Henri Laugier, Assistant Secretary General.

4th Session, Interim Headquarters, Lake Success, N. Y., February 28—March 29

For a full account on the work of the Council at this Session, see *UN Weekly Bulletin*, issues of April 8 and April 22.

As stated in the April JOURNAL, the Council in this Session considered the reports and recommendations of eight of its Commissions which have met since the Third Session held last October. Among these were the three Commissions whose reports are summarized in foregoing pages. Among Council action on social questions were:

Traffic in Women and Children

The Council requested the Secretary-General* to:

1. Take the necessary steps to transfer to the United Nations the functions formerly exercised by the League of Nations for suppression of the traffic in women and children and suppression of the circulation of and traffic in obscene publications.

2. Resume the study of the 1937 draft convention on the exploitation of the prostitution of others, bring it up to date, ascertain the views of Governments and submit the draft convention, with any amendments, to the Social Commission for the Council's subsequent approval.

3. Report on the possibility of an Eastern Bureau and the need for other regional bureaux to take measures for the suppression of the traffic in women and children.

4. Consider and report on suitable measures for an effective campaign against that traffic.

Prevention of Crime

The Council requested the Secretary-General to report on the question of prevention of crime and treatment of offenders, setting out suggestions suitable for international action and how they could be carried out.

Child Welfare

The Council authorized the Secretary-General in cooperation, where appropriate, with the specialized agencies, to

(a) undertake the functions formerly exercised by the League of Nations in the field of child welfare and social services, and

(b) deal with urgent work connected with social services, such as assumption of the advisory functions performed in this field by UNRRA.

Social Welfare

The Council requested the Secretary-General, in cooperation with the specialized agencies concerned, to arrange for a study of (1) methods of social welfare administration in different countries, (2) methods of providing experts, advice and information to countries on request to help them organize the administration of their social services, and (3) how a long-term welfare training program of assistance to governments might be developed.

* Secretary-General Trygve Lie has directed the Department of Social Affairs to assume this responsibility, and the Department's Division of Social Affairs has requested the cooperation of the American Social Hygiene Association in planning next steps.

Migration

Believing that further study of migration questions was necessary, the Council invited the Population and Social Commissions to report to it on a practical plan for allocation of functions in this field among the various organs concerned.

Next Session.—5th Session of the Economic and Social Council is scheduled for July 19, at Lake Success. The Council's Agenda Committee will meet on July 17.

World Health Organization—Interim Commission

Chairman: ANDRIJA STAMPAR, Yugoslavia. *Executive Secretary:* G. BROCK CHISHOLM, M.D., Canada. *New York headquarters:* Empire State Building. *Headquarters Director:* FRANK G. CALDERONE, M.D. *United States Representative:* SURGEON GENERAL THOMAS PARRAN, United States Public Health Service.

Eighteen nations are represented, including besides those already named: Australia, Brazil, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian Soviet Socialist Republic, United Kingdom, Union of Soviet Socialist Republics and Venezuela.

Third Session in Geneva.—The Commission met for its third session at the Palace of the League of Nations, Geneva, Switzerland, on March 31st, adjourning April 12.

Among the advances made in the year which has intervened since the Economic and Social Council directed Secretary-General Lie, in February, 1946, to call an International Health Conference, the Commission reported:

The Conference convened in New York, June 19 to 22, 1946, with voting delegates present from 51 nations, observers from 13 other nations, and representatives from many specialized and international agencies attending.

The Conference adopted the Constitution of the World Health Organization and established the Interim Commission to begin work at once, pending permanent establishment of WHO.

The Commission has laid groundwork for a long-term international health program. Its duties include provision of emergency assistance to national health services, intelligence work pertaining to epidemics, and administration of the public health scholarship program and other duties transferred from UNRRA. Also transferred were the public health functions of the League of Nations, including publication of the Weekly Epidemiological Record in French and English.

During its Third Session, the Commission approved a budget of 3 million dollars to December 31, 1947, including UNRRA assignments; decided to give priority to seven health problems, of which the venereal diseases are named as one; appointed a committee of six experts to the Middle East, with a view to revising International sanitary conventions governing health aspects of the pilgrimage to

Mecca, and agreed to meet for its fourth session from August 13 to September 13, in Geneva.

At this time decisions will be made regarding the time and place of the World Health Assembly, which is to be held following ratification of the World Health Organization Constitution by 26 member nations of the United Nations. As of May 1, 13 nations have signed,* and should sufficient ratifications occur before July 1, the Commission may convene its next session earlier than August 13.

News of the International Agencies

International Union Against TB Reorganizes.—The Bulletin of the National Tuberculosis Association for January reports plans for reorganization of the International Union against Tuberculosis occurring at the first postwar session of the executive committee in Paris, November 7.

Stating that war has increased tuberculosis greatly in many regions, and that "the strongest possible organization of national and international resources is essential" the committee adopted a resolution urging the World Health Organization to establish a tuberculosis division, considered an invitation from the WHO Interim Commission to establish headquarters nearby the latter's seat when that is decided, and voted to call a meeting of the IUTB Council, its governing body, in Paris in July, 1947, to discuss antibiotics and to make plans for an international conference in 1948 or 1949.

The IUTB, founded in 1920, has served as a federation of anti-TB associations, chiefly voluntary, but to some extent represented by governmental agencies from countries having no voluntary groups. The Union's quarterly *Bulletin*, whose editor is Dr. Alix Churchill, is resuming publication in 1947.

Dr. Kendall Emerson, managing director of the National Tuberculosis Association and ASHA board member, attended the November meeting as a member of the IUTB executive committee, and F. D. Hopkins, NTA executive secretary, was present by invitation. Dr. Emerson was assigned to confer with Dr. G. Brock Chishom, executive secretary of the WHO Interim Commission on ways and means of cooperation.

International Bar Association Organized.—Following preliminary sessions held in New York last October, delegations of lawyers from 22 nations met in that city on February 17-18 to establish formally the International Bar Association, first of its kind in history. With the New York City Bar Association serving as host, and with the blessing of President Truman and Attorney-General Clark, the group during its two-day sessions adopted a constitution and by-laws, elected officers and discussed the functions of the new international

* A resolution calling for United States ratification is now before the U. S. Congress.

organization. A. H. Feller, general counsel and director of the United Nations legal department, addressing the assembly said: "Since the birth of the United Nations, a mere two years, international law has advanced immeasurably; it has progressed further than it had in decades before. For hundreds of years international law concerned itself solely with states. The United Nations Charter now provides for the rights of individuals throughout the world. We can look forward to continued development of international law. The General Assembly has set up a committee to work on the codification and unification of all international law, and to find means for availing itself of the assistance of such organizations as this one."

Headquarters of the IBA will be in New York, and Amos J. Peaslee, of Clarksboro, New Jersey has been named secretary-general. Robert Nelson Anderson of the United States, has been chairman of the organizing committee.

News from Other Countries

Canada Holds Conference of Youth-serving Agencies.—First of its kind in the Dominion was the National Conference of Youth-serving Agencies held in Ottawa, Ontario, over the weekend of November 30, 1946, says an article in *Canadian Welfare* for January 16, by Clare Wilson Clark. Sponsored by the Canadian Youth Commission, the occasion brought together a large and representative group of interested persons from all parts of the country, including long established youth-serving organizations of both French and English speaking Canadians, of the Roman Catholic, Protestant and Jewish religious denominations, government representatives from local, provincial and national levels and from many departments of work; councils of social agencies, recreational, farm and student groups, labor organizations, public services such as the Canadian Broadcasting System and the National Film Board. "It was in fact," Miss Wilson says, "a cross-section of Canadian life which gave a new meaning to the term youth-serving."

Findings of the Conference centered on the general agreement that provisions for Canadian youth are inadequate, and that, pending the establishment of permanent measures to remedy existing lacks, much could be done to help through the Youth Commission and by better coordination of youth-serving agencies. Finally, the Conference agreed that while the Youth Commission and the Canadian Welfare Council will be faced with many difficult decisions, ultimate responsibility rests with the Canadian public to make real the contention that the welfare of youth is the welfare of the nation."

British Social Hygiene Council Announces Swiss Summer School.—This year the B.S.H.C. appeals for support in a new venture, a School on *The International and Cultural Relations of Social Biology*, which, with the cooperation of University Authorities, will be held at Berne, Switzerland, August 20th to September 3rd. The School is intended for all who are interested in social biology and its creative mission. All lectures will be in English.

The School is to devote the first week to morning and evening lecture sessions; the second week will be taken up with visits to places of biological interest, excursions, and personal recreation. For the normal working sessions a team of lecturers will be going out from England, while it is hoped that the School will hear distinguished Swiss biologists in the evenings.

For information concerning arrangements for board residence, travel and details of the lecture programme apply to the Council at Tavistock House, North Tavistock Square, London, W.C. 1.

The Council will also hold its usual Summer School at Durham.

Recent Publications of International Social Hygiene Interest

(For additional listings see *Publications Received*, elsewhere in this number of the JOURNAL.)

Periodicals

- United Nations Weekly Bulletin.** The *Bulletin*, an illustrated 16 page magazine is the official chronicle of UN events and may be secured for 15 cents a copy, \$6.00 a year, from the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.
- April 1. *Debate on Status of Women. Decisions of Economic and Social Council. Committees of the Economic and Social Council.*
- April 8. *Achievements of the 4th Session, Economic and Social Council.**
- April 15. *Chart showing members of the United Nations and its Specialized Agencies.*
- April 22. *World Health Organization, Interim Commission concludes Third Session.* Human Rights and the Status of Women, Corrigendum.*
- April 29. *UNESCO approves three large-scale projects.*
- American Journal of Public Health**, November, 1946. *Training Public Health Personnel from Other Countries in the United States*, C. E. Shepard, M.D. and W. W. Peter, M.D., Dr.P.H.
- Archivos Mexicanos de Venerologia y Dermatologia.** Published by the National Association of Venerology. Sonora No. 136, Mexico, D. F. September and October, 1946. *An educational project in a secondary school and how the teachers cooperated with the venereal disease campaign*, Andres deWitt Green. . . . *Social aspects of the anti-venereal campaign*, Samuel Villalobos Figueroa. . . .
- November and December, 1946. *The Eagle-Hogan Treatment in the Morelos Hospital.*
- Boletin de Venerologia.** Published by the Social Hygiene League of Costa Rica, San Jose. Vol. 1, No. 1. January, 1947. Rogelio Perez Coto, Editor. *The Shame of Civilized Society (congenital syphilis)*, Dr. Jose Amador Guevara, Director General of the League. *The Anti-venereal Campaign in Paraguay*, Dr. Domingo A. Masi, Medical Director of the Venereal Disease Clinic of Health Center No. 1, Asuncion.
- Bulletin Abolitionniste.** Published by the International Abolitionist Federation, 37 Quai Wilson, Geneva, Switzerland. January, 1947. Closing the "houses" in France. . . . Compulsory treatment in Belgium. . . . "houses" in Austria. . . . International Congress of the Federation. . . . A new Swiss branch. Bibliography of current literature.
- Bulletin of the Pan American Union.** Pan American Union, Washington, D. C., January, 1947. New Constitution for Brazil. Women of the Americas. Inter-American Council of Cultural Cooperation. Relations of the Pan

* See notes in foregoing pages.

American Sanitary Bureau with the World Health Organization. National Council of Education in Ecuador. Fourth Mexican Book Fair. Social service organization for Brazilian workers.

- Journal of Health and Physical Education**, December, 1946. *The Inter-American Public Health Training Program*, C. E. Shepard.
- Noticario del Instituto Internacional Americano de Proteccion a la Infancia**, Avenue 18 de Julio, 1648, Montevideo, Uruguay. January, 1947. *The Fifth Pan American Conference of the Red Cross. Notes on maternal and child health in the Americas*, including the United States and Canada.
- Public Health Reports**, February, 1947. *Progress Towards a World Health Organization*.

Reports

- Achievements of UNRRA as an International Health Organization**. Wilbur A. Sawyer, M.D., Director of Health. Reprinted from *American Journal of Public Health*, January 1947.
- Can Ontario Afford to Lag?** Facts about social hygiene legislation in the Canadian provinces. Social Hygiene Division, Health League of Canada, 111 Avenue Road, Toronto 5, Ontario.
- Interdepartmental Committee on Scientific and Cultural Cooperation**. Activities for year ending June 30, 1946. U. S. State Department Publication 2622. Inter-American Series 31. 48 p. 15 cents. Government Printing Office, Washington, D. C.
- The World We Live In—The World We Want**. Record of the International Assembly of Women held at South Kortright, New York, U. S. A., October, 1946. By Mildred Adams. Stone Book Press, 85 Trumbull Street, Hartford 1, Connecticut, U. S. A. 124 p. 75 cents. Order from publisher. For brief report on the Assembly please see *World News and Views* in February JOURNAL.
- Women Workers in Paraguay**. Women's Bureau, U. S. Department of Labor, Washington, D. C.

World Events—Current and Future

(Dates subject to revision)

United Nations Meetings

(At Lake Success, New York, unless otherwise noted)

- | | |
|-----------|--|
| May 19 | Sub-commission on Freedom of Information. |
| June 30 | Temporary Social Welfare Committee. |
| July 17 | Agenda Committee of the Economic and Social Council. |
| July 19 | Economic and Social Council (including meetings of the standing committees) 5th Session. |
| August 25 | Commission on Human Rights—2nd Session (Geneva). |
| August 28 | Social Commission—2nd Session. |
| Sept. 16 | General Assembly—2nd Session. |

Other Events

- | | |
|--|--|
| May 11-16
Atlantic City
New Jersey | Ninth Quadrennial Congress, International Council of Nurses. |
| June 2
Montreux
Switzerland | International Chamber of Commerce, Eleventh Congress. |

- June 5 World's Woman's Christian Temperance Union—17th Convention (Asbury Park, New Jersey).
- June 6 Inter-American Institute for the Protection of Childhood, International Council
Caracas
Venezuela
- Summer 1947 Pan American Congress of History of Medicine.
Lima, Peru
- June 22-29 World Congress on the Family and Population. For further
Paris information address National Social Welfare Assembly, 1790
Broadway, New York, or Miss Andree Roche, French Embassy,
1329 18th St., N.W., Washington, D. C.
- June 24 Conference of International Association of Maternity and Child
London Welfare Centers
- June 25-29 Congress of School and University Hygiene.
Paris
- July 10 Fourth Congress of Microbiology, convened by the Interna-
Copenhagen tional Union of Biological Sciences.
- July 20 World Federation of Democratic Youth—Festival (Prague).
- July 30- Second World Conference on Christian Youth. For further
August 7 information address your national church headquarters, the
Oslo, Norway National YMCA or National YWCA.
- August 29 World Federation of United Nations Association, Second Con-
Geneva ference.
- Sept. 5 International Council of Women—First Postwar Conference
(Philadelphia, Pennsylvania).
- September 6-9 International Congress of the International Abolitionist Fed-
Brussels eration.
Belgium
- Sept. 8-12 Associated Countrywomen of the World—Triennial Conference
(Amsterdam, Holland).
- October 20-25 First Postwar General Assembly, International Union Against
Mexico City the Venereal Diseases.
- November Second General Conference, UNESCO.
Mexico City

NOTES ON LAWS AND THEIR ADMINISTRATION

GEORGE GOULD

*Associate Director and Legal Consultant, Division of Law Enforcement
and Social Protection, American Social Hygiene Association*

IN THE U. S. CONGRESS

From January 3rd through March 31st, 3,908 Senate and House bills and 573 simple, joint, and concurrent resolutions were introduced in the 80th Congress. Hearings were held during March on five Congressional Bills of interest to social hygiene workers. They are presented below.

SENATE BILLS

S. 140 and S. 712. The *Senate Committee on Expenditures in the Executive Departments* studied and held hearings on these proposals to establish a Cabinet Department of Health, Education and Security from February 28th through March 27th. The Committee has no other hearings scheduled; and, as of March 31st, has not submitted a report on these bills.

S. 525 and S. 526. These bills proposing to promote the progress of science, to promote the national health, prosperity and welfare and to secure the national defense, were combined. The *Committee on Labor and Public Welfare* unanimously reported the bill to the Senate for action on March 26th. (Please see report No. 78.)

HOUSE BILL

H.R. 2700, a bill making appropriations for the Department of Labor, the Federal Security Agency, and related independent agencies for the fiscal year ending June 30, 1948, was passed with an amendment, and is now before the *Senate Appropriations Committee*. The bill includes an item of \$17,399,500 for the control of venereal diseases. This will provide the same amount as is available during the present fiscal year and \$516,500 additional for grants to the states for the continued operation of rapid treatment centers for the 1946-1947 fiscal year. (See Pages 20, 21 and 22 of Report No. 178.)

WITH THE STATE LEGISLATURES

From January 3 through March 31, 1947, twenty-one state legislatures and the Legislature of Puerto Rico, according to the information received here, have considered or are considering thirty-seven Senate and House Bills relating to social hygiene. Fifteen premarital examination bills, including amendments; four prenatal examination bills, including two amendments; three bills on sex and marriage education; ten on venereal disease control; three on tourist camp registration (including two identical bills in the same state legislature); and two prostitution bills have been introduced in the state legislatures thus far this year. Of this group, seven premarital examination bills, one amendment to the premarital law, and two venereal disease control

bills have been defeated, while one bill and one amendment for prenatal examinations for syphilis have failed to pass.

The Montana Legislature recalled in March and enacted the premarital bill into law after it was defeated on an adverse House Committee report on February 26th. As of March 31, 1947, there are thirty-three states which have laws requiring blood test for syphilis before the issuing of a marriage license. As reported in the April issue of the JOURNAL, the State of Arkansas passed the prenatal examination law for syphilis this year. There are thirty-seven states which have laws requiring blood tests for syphilis of pregnant women. The story by states:*

* Indicates that as of March 31 no information has been received as to what further action has been taken.

ARIZONA

H. 163 (a premarital examination bill for infectious diseases including syphilis) passed the House but died in the Senate.

ARKANSAS

H. 18 (a prenatal examination bill for syphilis), as reported in the April issue of the JOURNAL, was enacted into law becoming Act No. 71 of the Acts of 1947.

H. 43 and identical bill **H. 87** (premarital examination bills for syphilis), as reported in the February issue of the JOURNAL, failed to pass.

H. 299 which provides that *all school employees* shall, biennially, produce a certificate issued by a regularly licensed physician or regularly constituted health authority certifying that such individual is free from any and all forms of contagious or infectious diseases, including tuberculosis, and that the status of such individual regarding tuberculosis has been determined by an X-ray examination, became Act No. 326 of the Acts of 1947.

S. 301 (a premarital examination bill for syphilis) sponsored by the Arkansas State Medical Society and the Arkansas State Board of Health, passed the Senate 29 to 20 but was defeated in the House.

CALIFORNIA

A. 1582 introduced in the House and referred to the *Committee on Public Health* on January 30, 1947, proposes to require cooks, bus boys, waiters, waitresses, dish washers, dish dryers, and all persons handling raw, cooked, or processed foods for human consumption to obtain certificates that they are free from communicable diseases.*

A. 1664 introduced in the House and referred to the *Committee on Public Health* on January 31, 1947, amends the law relating to premarital examinations for syphilis by proposing to authorize chiropractors to make the required examination and issue the certificate to the applicant for a marriage license.*

S. 1026 introduced in the Senate and referred to the *Committee on Education* on January 31, relates to courses of instruction in sex and marriage problems.*

COLORADO

S. 524 introduced in the Senate and referred to the *Medical Affairs Committee* in January, 1947, relates to venereal diseases and public health.*

S. 525 introduced in the Senate and referred to the *Medical Affairs Committee* in January, 1947, relates to prostitution, lewdness and assignation and provides penalties for the violation thereof.*

DELAWARE

H. 42 passed the House and was approved by the Senate on March 31, proposes to require premarital physical examinations including standard serologic tests for syphilis prior to the issuance of marriage licenses and prescribing penalties for violation thereof.

H. 76 introduced in the House and stricken from the calendar, relates to the distribution and sale of certain drugs, including penicillin.

S. 285 introduced in the Senate in March 1947, proposes to require every physician to submit to an annual examination and test for venereal disease and to display a certificate showing the results of such examination in a prominent place in his office.*

GEORGIA

S. 48 (a premarital examination bill for syphilis); and

H. 249 which proposes that the curriculum of all high schools in the state supported wholly or in part by public funds shall contain a course in sex hygiene to be taught in the last two high school grades, failed to pass when the Legislature adjourned in March without acting upon them.

KANSAS

H. 102 passed the House and awaiting action by the Senate deals with premarital examinations for syphilis.*

MARYLAND

H. 148 introduced in the House and referred to the *Committee on Public Health and Welfare*, deals with premarital examinations for syphilis.*

MASSACHUSETTS

S. 253 and identical bills **H.R. 1424** and **H.R. 944** introduced in the House and referred to the *Public Health Committee*, propose to further regulate the operation of overnight camps.

H. 127 introduced in the House and referred to the *Education Committee*, proposes to provide for a study by a special commission relative to the advisability of requiring that a course on marriage be conducted in the public high schools in the commonwealth. Hearings have been held on all these bills, but none as yet have been reported out of committee.

MISSOURI

H. 63 introduced in the House and reported out of the *Children's Code Committee* in February, amends the prenatal examination law for syphilis, by proposing that the examination of a pregnant woman for the presence of syphilis shall be mandatory rather than just with the consent of the woman.*

MONTANA

S. 100 a premarital examination bill for syphilis which was defeated on an adverse committee report on February 26 was recalled in the House and enacted into law. Chapter 208 of the Laws of 1947, as the law is now known, was signed by the Governor on March 5, 1947.

NEBRASKA

H. 300 first read January 31 and referred to *Committee on Public Health and Miscellaneous Subjects*, February 3, 1947, proposes to provide that restaurant owners shall display in the restaurant a certificate of a licensed physician certifying that no person employed in such restaurant on the date of the certificate was affected with any of the venereal diseases. The bill was heard by the committee on February 25th, and by a vote of five to one was indefinitely postponed on March 5th.

NEVADA

A.B. 185 a premarital examination bill for syphilis, died in the *Committee on Social Welfare* when the legislature adjourned March 23, without acting upon the bill.

S. 32 amends the law relating to the state board of health, by authorizing the state department to create a division of preventive medical services, together with such other divisions, subdivisions or bureaus as are and may be necessary for the prevention of disease, the prolongation of life and the promotion of the physical health and mental efficiency of the people of the state of Nevada, was enacted into law as Chapter 230 of the Laws of 1947.

NEW MEXICO

H. 45 a premarital examination bill for syphilis did not pass when the State Legislature adjourned in March without acting upon the bill.

NEW YORK

S. 277 an amendment to the prenatal examination law for syphilis, proposing that the test shall be for Rh factor of a pregnant woman as well as for syphilis, failed to pass when the Legislature adjourned in March.

NORTH CAROLINA

H. 623 passed the House April 1, proposes to require laboratories making serologic tests to be certified by the North Carolina State Board of Health.

NORTH DAKOTA

S. 38 a bill for prenatal examination for syphilis passed the House February 6, 1947, but failed in the Senate.

PENNSYLVANIA

S. 43 a bill prohibiting doctors, hospitals, nurses or any one practicing medicine or affiliated with the medical profession from performing blood transfusions or receiving donations of blood without first ascertaining by Wassermann test or other effective means that blood donor is free from any venereal disease, was introduced in the House and referred to the *Committee on Public Health and Welfare*.*

H. 382 a bill prohibiting the employment of meat handlers without their having a health certificate certifying that they are free from any infectious disease was introduced in the House and referred to the *Committee on Public Health and Sanitation*.*

H. 326 a bill to amend the law in relation to marriage, by proposing to prohibit the marriage of any applicant who is afflicted with a transmissible disease, including syphilis, was introduced in the House and referred to the *Committee on the Judiciary*.*

SOUTH CAROLINA

H. 24 a bill to amend the marriage law by proposing to require each applicant for a marriage license to present a certificate signed by a duly licensed physician of his state certifying that such person is of sound mind and is free from venereal diseases, was introduced in the House.

UTAH

S. 70 an anti-prostitution bill introduced in the Senate January 21, 1947 died in the Committee.

S. 177 a bill to amend the law in relation to premarital examination of syphilis by proposing to authorize the required examination to be made by a licensed osteopathic physician and surgeon, died in Committee also.

PUERTO RICO

File No. 21:2 (S) an anti-prostitution bill, as reported in the April issue of the JOURNAL, was introduced in the Legislature.*

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

IN THE PERIODICALS

Of General Interest

- AMERICAN JOURNAL OF NURSING, January 1947. *The Nation's Health: A Survey of Major Plans to Meet the Health Needs of the Nation.* M. I. Roemer, M.D.
- FEDERATOR, THE, February 1947. *A Community Social Hygiene Program,* Walter Clarke, M.D.
- PARENTS' MAGAZINE, January 1947. *Here's a National School Health Program,* G. J. Hecht.
- SOCIAL SERVICE REVIEW, March 1947. *Pathfinders of the Middle Years,* Emma O. Lundberg. This article is a chapter from a book entitled *Unto the Least of These* by the same author, to be published shortly by D. Appleton-Century, and notes the contribution of many friends of social hygiene to progress of social welfare in the twentieth century.
- SURVEY GRAPHIC, January 1947. *Segregation—Color Pattern from the Past—Our Struggle to Wipe It Out.* Special issue devoted to this topic.

Sex Education, Marriage, and Family Relations

- AMERICAN SOCIOLOGICAL REVIEW, December 1946. *Length of Time Required to Achieve Adjustment in Marriage,* J. T. Landis.
- FAMILY LIFE, February 1947. *Who Shall Do the Counseling?*, Paul Popenoe.
- JOURNAL OF HOME ECONOMICS, February 1947. *Family Relations and Child Development Division of AHEA,* Mrs. Lydia Ann Lynde, Chairman.
- March 1947. *Is Education for Homemaking Vital?*, Johnie Christian.
- LIFE AND HEALTH, March 1947. *What Type of Parent Are You? The Art of Parenthood—Part II,* B. W. Comstock, M.D.
- MARRIAGE AND FAMILY LIVING, February 1947. *Counseling Against Family Breakdown,* Kathryn Adams.
- The Role of the Library in Family Life Education,* B. F. Timmons and Iris Caraway.
- The Teacher as Counselor in Marriage Education,* Henry Bowman.
- MENTAL HYGIENE, October 1946. *Help Bolster Those War Marriages,* W. Edgar Gregory.
- NATIONAL PARENT-TEACHER, January 1947. *Why the Upswing in Divorce?*, Ernest W. Burgess. Fifth article in series *The Family Rediscovered Itself.*
- February 1947. *Growing All the Way Up,* Katharine Whiteside Taylor. Sixth article in series *The Family Rediscovered Itself.*
- PUBLIC HEALTH NURSING, January 1947. *Basic Objectives in Health Education,* N. B. Lambkin and G. M. Church, R.N.
- SOCIAL FORCES, December 1946. *Ernest R. Groves and His Work,* Howard W. Odum. Review of works on marriage and family, including bibliography.
- SOCIAL SERVICE DIGEST, March 1947. *Family Agency Service in Relation to Marital Problems,* Elsa Leichter.

Health Education

- CALIFORNIA'S HEALTH, January 15, 1947. *Health Education in a Combined Urban and Rural Area,* I. O. Church, M.D.
- HEALTH EDUCATION JOURNAL (London), January 1947. *Method in Health Education,* Arthur Pinsent.
- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, January 1947. *The Concentrated Health Course,* H. F. Kilander, M.D.
- JOURNAL OF SCHOOL HEALTH, November 1946. *Correlating Health Education and Health Service in the School Health Program,* A. B. Nelson, R.N.

- January 1947. *Integration of Community Health Education and School Health Education*, American School Health Association Committee report.
- February 1947. *Research Reports of Child Health Need and Interests*—on which to revise health instruction in Denver schools, A. J. Lewis, Jr.

Youth in the World Today

- AMERICAN JOURNAL OF ORTHOPSYCHIATRY, January 1947. *Preparation of Juvenile Delinquents for Treatment*, Fanny Houtz and Evelyn Kostick.
- The Rorschach Test in Juvenile Delinquency Research*, Fritz Schmidl.
- THE CHILD, March 1947. *Prevent Delinquency Through Services for All Children*, Tom C. Clark, Attorney General of the United States. Excerpts from an address.
- Tools for Action to Prevent and Control Delinquency*. Report on summaries of 15 discussion panel reports in *Bulletin Recommendations for Action*, National Conference on Prevention and Control of Juvenile Delinquency.
- Why Not an Ounce of Prevention?*, Clarence W. Meadows, Governor of West Virginia, condensed from an address before the National Conference on Prevention and Control of Juvenile Delinquency.
- FEDERATOR, THE, February 1947. *Juvenile Delinquency During Reconversion*, Peter Alapas.
- HYGEIA, March 1947. *Juvenile Delinquency*, F. A. Breyer.
- NEA JOURNAL, February 1947. *Our Children and Youth*, Willard E. Givens. (Remarks at final session of World Conference of Teaching Profession.)
- The Schools and Juvenile Delinquency*, Donald DuShane.
- PROBATION, December 1946. *The Juvenile Court as a Diagnostic and Treatment Agency*, F. P. Olds.
- SCHOOL LIFE, January 1947. *National Conference on Juvenile Delinquency: School's Role Discussed*.
- SMITH COLLEGE STUDIES IN SOCIAL WORK, March 1947. *Can Problem Adolescents Be Aided Apart from Their Parents?*, Gertrude Rotenberg.
- SURVEY MIDMONTHLY, February 1947. *Beneath the Surface of Juvenile Delinquency and Child Neglect*: special section summarizing findings of Connecticut state-wide study, Reginald Robinson.
- Delinquency Requires Treatment*, Simon Doniger, Ph.D.
- YOUTH LEADERS DIGEST, February 1947. *The Home and Juvenile Delinquency*, Ben Solomon.

Public Health and Medical

- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, January 1947. *A Cutaneous Infection with Neisseria Gonorrhoeae with Development of Lymphangitis Resulting from a Laboratory Accident*, H. J. Sears, Ph.D.
- Comparison of the In Vitro Antigonococcal Actions of Penicillins G, F, K, and X*, E. Ellen Nell, A.B., and Justina H. Hill, D.Sc.
- Diagnostic Tests in the Differential Diagnosis of Anogenital Lesions*, Henry Packer, M.D. and Anna Dean Dulancy, Ph.D.
- Effect of Sulfonamide Therapy on the Persistence of the Virus of Lymphogranuloma Venereum in Buboos*, Albert Heyman, M.D., Margaret J. Wall, B.S., and Paul B. Beeson, M.D.
- Evaluation of the Ducrey Skin Test for Chancroid*, R. B. Dienst, Ph.D., and 1st Lieut. Seth W. Gilkerson, Sn.C.
- Penicillin Therapy in Neurosyphilis*, Herbert Koteen, M.D., and others.
- Penicillin Therapy of Early Syphilis*, H. L. Holley, M.D.
- Rapid Treatment of Prenatal Syphilis*, Sidney Olansky, M.D., and Robert Beck, M.D.
- Rapid Treatment of Syphilis: Comparison of Results Using Five Treatment Methods*, H. M. Leavitt, M.D.
- Streptomycin in Experimental Chancroid*, Franco Mortara, M.D., and M. T. Saito.
- Treatment of Early Syphilis with 600,000 Units of Penicillin in Seven and One-half Days*, T. J. Bauer, M.D., and others.
- Use of Pyribenzamine Hydrochloride in Controlling Urticaria Due to Penicillin*, R. H. Kampmeier, M.D.
- ANNALS OF INTERNAL MEDICINE, March 1947. *Penicillin in the Treatment of Neurosyphilis*, F. W. Reynolds, M.D.

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HIGHLIGHTS OF THE HISTORY OF SYPHILIS

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A review of modern literature pertaining to the origin and history of syphilis reveals that many of the writings are devoted to arguments as to the origin of "the great imitator," while still other articles are limited in scope to some particular phase of the development of syphilology. It is believed that a concise tabulation of the outstanding events in the history of syphilis will be of interest to medical students, physicians, and lay workers in the field.

THE ORIGIN OF SYPHILIS

It is not the intent of this paper to attempt to settle the age-old and much debated question as to whether syphilis existed in Europe from time immemorial,^{1, 2, 3, 8, 9} or whether it was first introduced from America by Columbus and his crew.^{5, 12, 15, 16} Preferably, pertinent evidence for both views will be presented, as set forth by the protagonists and antagonists of the "Columbus and his crew" theory. In an effort to tabulate in a concise manner the arguments presented, the following classification of prevailing evidence has been adopted: 1. Historical Writings, 2. Epidemiology, 3. Diagnosis and Pathology, and 4. Therapeutics.

For the American Origin Theory For the European Origin Theory

1. HISTORICAL WRITINGS

A. No writings utilizing the term syphilis prior to Columbus' return. The first treatise on the disease later termed syphilis, appeared in 1498, five years after Columbus' return.¹²

A. Pre-Columbian writing (records) did exist, but did not use the term "syphilis."^{3, 5, 8}

1. Numerous references to venereal disease in Old Testament.³

2. Celsus — First Century — described hard and soft genital sores.^{1, 5}

3. Antyllus in the first and second centuries described technique for cure of aneurysm (which is most frequently due to syphilis).¹

4. Aretius—Second century—described "gangosa."¹

5. Saliceto — Thirteenth century — recorded disease gotten from coitus; suggested prophylaxis for hard and soft chancres.^{1, 5}

6. Durer's woodcut *The First Syphilitic* had date 1484 inscribed on the coat of arms appearing therein.⁴

7. Spanish "buba" and Latin "boas," terms for inguinal adenopathy, in use prior to Columbus.⁸

B. Manuscript of Diaz de Isla states that "Serpentine Disease" existed in Haiti and that he treated members of Columbus' crew for it.^{8, 9, 12, 15, 16}

B. Nothing in Columbus' journal referring to the disease. Isla's book prepared in 1520 states he had forty years' experience with the disease, indicating its existence in 1480.⁸

C. Many official edicts against spread of syphilis appeared throughout Europe after return of Columbus.^{12, 16}

C. Romans had edicts regulating prostitution. In 1300 edict appeared against "venereal leprosy" spread by women.⁵

D. Gripppeck in 1496, shortly after return of Columbus, set forth prevention of "Malo de Franzos," as "Fright from disease; no women on beer."⁷

2. EPIDEMIOLOGY

A. "Serpentine Disease" existed in Haiti (writings of Las Casas) and Columbus' crew did get it. (Diaz Isla, Oviedo, Astruc.)^{2, 4, 7, 16}

A. Isla did not treat Columbus' crew for syphilis immediately upon their return. One of Columbus' ships stopped at Bayonne, France, and disease was gotten there. No mention in Columbus' journal about syphilis-like disease in crew.^{8, 9}

B. Given to soldiers of Charles 8th at Naples through Spanish mercenaries.^{12, 15, 16}

B. There were no Spanish mercenaries in army of Charles 8th.⁸

C. Great epidemic in garrison at Naples in 1495 was syphilis.¹⁶

C. Epidemic was typhoid fever, not syphilis.⁶

D. Spread rapidly over continent following dispersal of army of Charles 8th.^{7, 12, 16}

D. Impossible for syphilis to spread so rapidly because of the limiting circumstances of its spread. Must have been present before, but reached epidemic proportions after return of Columbus.⁸

3. DIAGNOSIS AND PATHOLOGY

A. No pre-Columbian diagnosis or term for syphilis.¹²

A. In view of multiformity of syphilis, ignorance as to etiological agent, absence of serologic tests, diagnosis not made until disease reached epidemic proportions coincident with Columbus' return.⁵ Diagnosed as "leprosy" previously. Greek "Lichen" and Latin "Montagra" were probably syphilis.⁸

B. No description of typical hard chancre before Columbus' time.

B. Genital lesions described in 1st century. (Celsus—hard and soft chancres.) In 13th century DeBarry described penile lesion with spread of eruption over body.⁵

C. Severity of disease, post-Columbus, suggests a new disease in non-immune population.¹²

C. Merely a mutation of *Treponema Pallida* with increased virulence. Widespread fornication with passage of treponeme through many, giving increased virulence.³

D. Bone syphilis evident in remains of American Indians.^{14, 15} No such evidence found in pre-Columbians despite extensive search.^{6, 12, 16}

D. Syphilis in ancient bones cannot be determined with certainty. Questionable whether bones of Indians showed syphilitic processes.^{4, 11}

E. Non-traumatic aneurysms found in Europeans prior to Columbus, relatively frequently. Evidence that syphilis did exist prior to Columbus.³

4. THERAPEUTICS

A. Haiti Indians used Guaiac wood sap as specific for "Serpentine Disease," indicating its presence.

A. "Blessed wood" (Guaiac) brought to Spain and promoted as cure solely for monetary gain. Haitians used it for treating other diseases.⁸

B. Mercury used in treatment of leprosy before Columbus, accounts for many "cured" lepers who were actually unrecognized lucties.⁸

The claims and counter-claims briefly outlined above leave the reader still asking, "What was the origin of syphilis?" Modern literature aids us little in evaluating the conflicting evidence presented and the question remains a matter of debate for medical historians. The basis for claims presented by both factions hinges upon varying translations and interpretations of early writings, a fact which of necessity leads to argument *ad infinitum*. Two controversial points, however, pose a definite question for the opposing sides to answer satisfactorily. The first: if syphilis did exist in Europe prior to Columbus, why did the first recognition, detailed description, and epidemiological study, all date from the time imme-

diently following Columbus' return? The second question: if syphilis did not exist prior to Columbus, and taking cognizance of the frequency of syphilis as the cause of non-traumatic aneurysm, how can one account for the relatively high incidence of non-traumatic aneurysm described in pre-Columbian cadavers?

In contrast to the controversy regarding the origin of syphilis, there appears to be, for the most part, general agreement as to the chronological order of the spread of the disease subsequent to 1495. Following its appearance at Naples in that year, its spread is recorded as follows:

- 1495—France, Germany, and Switzerland;
- 1496—Holland and Greece;
- 1497—England and Scotland;
- 1498—India;
- 1499—Hungary and Russia;
- 1505—China;
- 1569—Japan,⁶ 12, 16, 16

Turning now to a tabulation of the milestones in the progress of syphilology from the time of Columbus to the present day, the highlights of each century will be given with exact or approximate dates, where possible.

Fifteenth Century

- 1496—Durer's woodcut supposedly of *The First Syphilitic*. Mercury used in treatment.
- 1497—Leoniceus described syphilitic hemiplegia.
- 1498—Stever's treatise on the disease later known as syphilis published.

Sixteenth Century

- 1530—Fraenstorius' *Syphillis Sive Morbus Gallicus* published, in which he gave a detailed description of the disease. He named a shepherd afflicted with the disease "syphilitus" from which the disease takes its name.
- 1530-36—Paracelsus described the disease, stated it to be hereditary, called it "French gonorrhoea" and propounded that syphilis and gonorrhoea were the same disease.
- 1550—(app.)—Fernel—No infection through normal skin. Traced course of infection, showed chancre was initial lesion followed by generalized infection.
- 1558—(app.)—Pare—Described vaginal and uterine syphilis, pointed out indolence of bubo.

Summary of knowledge at end of 16th century:

- Eruptions described, but types not delineated.
- Oral and throat lesions recognized.
- Loss of hair attributed to lues.
- Bone and joint lesions of syphilis described.
- Syphilis of viscera acknowledged.
- Lues known to be infectious, through genital and extra-genital contact.

Remedies used:

- Mercury orally, by inunction, fumigation, and plasters.
- Arsenic supposedly used by Paracelsus.
- Guaiac wood (Blessed wood) imported from Haiti.
- Sulfur baths, vegetable infusions, and hydrotherapy.

Seventeenth Century

- 1625—(app.)—Colle, Muditano, Horst—Indirect transmission of syphilis shown. Destructive lesions of mouth and nose described. Lesions of bones more fully studied. Manifestations of CNS lues described; cerebral gumma, syphilitic meningitis, neuritis, and spinal lesions.
- Grafenburg and Severino—Larynx, trachea, and pulmonary involvement demonstrated at autopsy.

Eighteenth Century

- 1700—(app.)—Lancisi described relation of syphilis to cardio-vascular disease.
- 1736—Astruc's *De Morbis Venereis* summarized everything known about syphilis up to that time. Gonorrhoea, chaneroid, and syphilis differentiated clinically.
- 1767—John Hunter—Claimed gonorrhoea and syphilis same disease. Performed self-inoculation with pus from gonorrhoeal urethritis and got syphilis (patient had both diseases). Denied occurrence of extra-genital lesions, intermediate transmission, hereditary lues, and syphilis of internal organs. Confused picture of syphilis for the next seventy years.

Nineteenth Century

- 1834—Wallace—Introduced use of potassium iodide in treatment of lues on a wide scale, popularizing treatment originally advocated by Williams.
- 1837—Phillip Ricord—Reestablished specificity of syphilis, distinguishing it from gonorrhoea. Divided syphilis into primary, secondary and tertiary stages. Established rarity of reinfection. Proved occurrence of mixed infections. Held that secondary and tertiary syphilis were non-infectious.
- Diday—Attributed dystrophies and deformities to hereditary lues.
- 1852—Rollet and Bassezeu—Differentiated chaneroid and chancre.
- 1875—Fournier—Established syphilis as cause of degenerative diseases, the need for prolonged treatment, and the causal relationship of syphilis to paresis and tabes.
- Virchow—Determined in detail, pathology of syphilitic organs; emphasized identity of changes regardless of organ involved.
- 1880—(app.)—Hutchinson and Fournier—Two year treatment with mercury. Hutchinson's Triad of Congenital Syphilis.
- 1890—(app.)—Lambkin popularized intramuscular method of giving mercury.

Twentieth Century

- 1903—Metchnikoff and Roux—Succeeded in inoculating apes with syphilis.
- 1905—Schaudinn and Hoffman—Discovered spirocheta pallida.
- 1907—Wassermann, Neisser, and Bruck developed Wassermann reaction based on complement-fixation test of Bordet and Gengou.
- 1909-10—Ehrlich and Hata—Arsenic treatment, intravenously. Salvarsan.
- 1911—Nogouchi—Cultured spirocheta pallida.
- 1916—Two year standard treatment with mercury plus two courses of arsenic.
- 1917—Wagner von Jauregg—Malaria treatment for paresis.
- 1920—Sazarec and Levaditi—Introduced bismuth in treatment, replacing mercury.

- 1926—Continuous treatment for early syphilis established as method of choice.
 1932—Chargin—Introduced rapid treatment (5 days) method.
 1933—Tatum and Cooper—Reevaluated arsenoxide and showed less toxicity. Mapharsen.
 1943—Mahoney, Arnold, and Harris introduced penicillin treatment.

SUMMARY

1. The pertinent conflicting arguments of the two schools of thought as to the origin of syphilis have been presented. The question remains one of debate for medical historians.
2. The highlights in the development of syphilology from 1496 to the present have been tabulated.

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ESSENTIALS IN THE VD CONTROL PROGRAM *

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Since venereal disease control was made nation-wide by the Congress of the United States in 1938, very definite progress has been made in checking the ravages of syphilis. Syphilis mortality rates in the United States have decreased a third during the past decade. The rate of infant deaths due to syphilis has been reduced by more than one-half. Deaths from paresis are steadily declining as are admissions to mental institutions for victims of this form of syphilis. Arthritis and blindness due to gonorrhoea are becoming rare, as are the other complications from this disease.

Science has placed in the hands of your physicians and health officers efficient new treatment methods which should permit even greater progress in venereal disease control.

Penicillin definitely cures gonorrhoea when administered in a single injection or when given in from two to four injections at hourly intervals. This treatment is easily given by any private physician or public clinic on an outpatient basis.

Penicillin treatment for syphilis must be considered still in the experimental stage. Whether it can effect permanent cures will not be known definitely for many years. However, close observation of several thousand cases treated under research conditions during the past four years justifies certain conclusions.

In early acquired syphilis adequate dosages of penicillin, alone or in combination with small doses of arsenic, will very quickly render the patient non-infectious. In at least 80 per cent of cases so treated and observed for two years, no further treatment has been necessary. However, as with patients treated under the traditional arsenical schedules, every patient treated with penicillin should obtain a checkup annually for many years in order that re-treatment may be given should the disease flare up again. Given to infected pregnant women, penicillin definitely prevents congenital syphilis in their babies. Less is known about the place of penicillin in the treatment of latent syphilis or the complications of late syphilis.

Penicillin therapy for early infectious syphilis is now available throughout the country in the system of rapid treatment facilities which was organized in 1942 by Federal, State and local health departments. From an emergency wartime measure these special facilities have become an essential component of the national control program.

Virtually 100 per cent of cases admitted to these facilities receive the full prescribed treatment in a few days, as contrasted to the 25 per cent completing the minimum prescribed treatment under 70-week arsenical schedules. Severe reactions to penicillin are rare.

* Address given at the Philadelphia Conference on Social Hygiene, February 4, 1947.

Nearly all public venereal disease clinics now send their early syphilis cases to the nearest rapid treatment facility. Many private physicians also are beginning to send their patients. Today the capacity of these centers is sufficient to provide modern rapid therapy for every new case of syphilis that occurs in the United States, and for a good proportion of the older cases that are discovered each year.

But, as with the atomic bomb, science has moved faster than society. The new drugs and treatment methods cannot kill the germs of syphilis and gonorrhea by merely existing in the hands of a skilled doctor. The germ and the drug must be brought together. The gap between the patient and the doctor or treatment facility must be bridged somehow. Health officers have a commonplace term for the process of closing this gap. We call it *case-finding*. We know it to be the greatest unfilled need and unsolved problem in today's venereal disease control program.

The development of effective methods and widespread facilities for treating syphilis and gonorrhea with penicillin is responsible for giving to public-spirited laymen the opportunity to participate actively in venereal disease control. That opportunity is to assist in finding new cases of syphilis. New and improved methods of case-finding are being explored today by health departments with encouraging success. Old methods are being refined and intensified. New case-finding studies have been conducted by various State and local health departments, with and without federal assistance. From these the following general conclusions may be drawn:

When properly educated by modern informational methods, large population groups will voluntarily report for blood tests and physical examinations for syphilis and gonorrhea, even though the individuals concerned may be convinced that they do not have a venereal disease. Similarly, realistic education directed at the most susceptible age groups will persuade large numbers of people with present or recent symptoms of venereal disease, or with knowledge that they may have been exposed in recent months, to report voluntarily for diagnosis.

Routine examinations such as legally required premarital and prenatal blood tests, voluntary preemployment examinations, and the like, have gained wide public acceptance. These methods are valuable not only for finding existing infections, but also for educating the participants in the importance and the availability of early diagnosis for venereal disease.

The traditional method of person-to-person case-finding remains the most direct and certain way of finding infectious cases early. Our researches show that the performance of health department workers in carrying out this method can be greatly improved where conscious effort is directed to this end. This method consists of obtaining from the known patient identifying data regarding all of his sexual contacts during the incubation and infectious stages of his disease. Then persistent, organized effort is made to locate

these contacts and persuade them to accept diagnosis and treatment. Each contact in turn is asked to reveal all his or her contacts.

Education is the common denominator found in all case-finding methods. Education is the very essence of venereal disease control as practiced in this nation—education of the general public, education of special groups, education of patients and their contacts. Only rarely today does the health officer have to use his police powers, or the threat of quarantine, in order to compel an individual to accept diagnosis and treatment for an infectious venereal disease. Education and persuasion bring far better results than coercion.

For maximum public health results case-finding education should be a continuous, sustained process, with occasional periods of great intensification. These are usually associated with large scale serologic and perhaps physical examinations of total population groups or of special groups within the population. In some places the intensified venereal disease case-finding program is combined with a search for other diseases.

Public education and action on this scale requires the consent and cooperation of many important groups and institutions in the community. Only rarely will the local health department have sufficient expert personnel to do the educational job unaided. Usually, therefore, various officials, agencies, groups and individuals in the locality must not only consent to the case-finding program but must participate actively. Publicity and community action are tools which American businessmen and labor leaders, public officials, and organizations have developed to an extraordinary state of efficiency.

In any American community where the need exists, this genius for public education leading to group action can be mobilized in support of venereal disease case-finding. The two forces involved—medical and public health on one hand and the people, media and other resources for public education and public action, on the other—can together plan and carry out programs of public education which will benefit the health of the entire community.

Community cooperation of this kind can and must go far beyond merely helping to achieve better control of venereal disease by medical means. It can look toward prevention. *This broadened type of action is social hygiene.* Social hygiene essentially is organized effort to preserve and strengthen the institution which is the basis of American democracy—the decent, stable, well-oriented American family. There are in this nation influences, both environmental and psychological, which threaten not only the family as a social institution but the essential social and moral values which are the fabric of our civilization.

The social hygiene movement provides a means through which instincts of community leaders for fighting these demoralizing influences can be channeled into programs of practical use. Social hygiene tackles specific objectives. Programs of social hygiene education can be organized, which recognize and reinforce the basic responsibility of parents, churches, and schools for inculcating in young people high standards of sexual morality. Social services for pre-

venting youthful delinquency can be strengthened. Tangible dangers, such as prostitution, can be faced boldly and fought with no holds barred. These are just a few of the things that social hygiene can do to serve this or any American community.

It is estimated that each year 250,000 people get syphilis in this country. Yet only 95,000 are reported as found and treated while in the infectious primary and secondary stages of the disease.

The undiscovered 155,000 cases of infectious syphilis pass the disease on to others. Then their symptoms disappear. If their latent disease is not found and treated in time, many of these people will ultimately become disabled. They may become burdens on public institutions. Some die of heart disease or other complications. Discovery and treatment of these 155,000 infectious cases is the enormous task that faces the medical and public health forces of this country.

The citizens of this state can do much to speed up case-finding. You can support your state and local health departments in this vital task at all times and in every community. Often, however, you can do much more. You can participate effectively in the educational and community organization work of case-finding. In this way you can help prevent syphilis from killing newborn babies in your community. You can help prevent much fatal heart disease due to syphilis. You can help reduce the population of your hospitals for the insane by preventing the syphilis that attacks the brain and central nervous system. Human lives can thus be saved, and a considerable proportion of new infections can be prevented by attacking the germs of venereal disease. The venereal diseases can be brought to a manageable minimum in this way with your help.

Doctors and public health workers welcome the valuable assistance that you have given and are giving in support of the case-finding, treatment and preventive aspects of venereal disease control. However, our objective should be total victory. Eradication of venereal disease should be our long-range goal. This cannot be done by medical and public health means alone.

Essentially there are two jobs to be done. First, we must cope with the medical and public health problem of the venereal disease that now exists. Second, we must strike at the causes of the social behavior which spreads venereal disease.

Venereal disease is but one of the symptoms and one of the components of a larger problem. Economic insecurity, lack of adequate education, poor housing, unwholesome recreation, inadequate medical care, broken homes, inadequate social services—these are just some of the other components and symptoms of that larger problem. Organized social hygiene groups should interest themselves in this total problem. Every step taken to solve any single part helps correct the deficiencies and inadequacies of every other part.

As professional men and public officials we health officers welcome your assistance in solving the problems of venereal disease control by medical means. As citizens interested in the future of our children and our country we welcome and join with you in your efforts to solve some of the larger problems of human happiness and progress.

U. S. WAR DEPARTMENT VENEREAL DISEASE CONTROL PROGRAM *

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The importance of the venereal diseases as a factor in the health of a military force is well recognized by all students of medical and of military science. History bears much evidence that these diseases, spreading uncontrolled, may seriously reduce military efficiency. The experience of the U. S. Army has demonstrated, however, that prevalence of these conditions may be greatly reduced if proper measures are instituted. Much has been learned from the study of the successes and failures of the first four and a half decades of this century and particularly from the experiences of two world wars and the interim period.

It is not generally known that as early as 1909 the Surgeon General of the U. S. Army promulgated a definite program directed toward the control of venereal disease and sponsored field trials to determine the effectiveness of various control methods then available. In the Annual Report of The Surgeon General for 1910 the following paragraph appears:

“The venereal peril has come to outweigh in importance any other sanitary question which now confronts the Army, and neither our national optimism nor the Anglo-Saxon disposition to ignore a subject which is offensive to public prudery can longer excuse a frank and honest confrontation of the problem. There is no reason to think that these diseases are beyond the reach of preventive medicine any more than other contagious diseases and their immunity from restriction must be attributed to the public disinclination to discuss them and legislate concerning them. . . . A number of state and municipal health authorities as well as private associations are now publishing and distributing literature on this subject. It is believed that the War Department cannot do better than adopt this general attitude and many of these methods including a philosophical indifference to criticism on the part of self-constituted censors of the public morals whose susceptibilities are offended by a public discussion of these questions.”

Every annual report of The Surgeon General of the Army since that time has contained a discussion of the problem and an outline of the principal preventive measures in force. Thus it can be seen that the control of venereal disease has always been a serious problem and one that has been given exhaustive study in the Army.

Statistics available in the Office of The Surgeon General of the Army permit the computation of venereal disease rates beginning in 1819, the year the medical department of the Army was established as a Bureau of the War Department and extending through to the present time, except for the years 1832 to 1837 inclusive, and the years 1847 and 1848.

* Address given at the Annual Conference of Social Hygiene Society Executives, March 3, 1947, New York City.

Considering this statistical evidence concerning the prevalence of venereal diseases in military personnel during the period reviewed (one hundred and twenty-six years) and the trends of occurrence of such diseases during peace and war the following statements can be made:

1. The highest annual rate recorded for the period was that for 1867 (215 per 1,000 strength per year) and the lowest occurred in 1943 (28 per 1,000 strength per year).

2. With the exception of World War II, rates have increased during periods of mobilization for war and during the initial stages of war.

3. During war periods the prevalence of these diseases undoubtedly has been influenced by the extent to which troops were engaged in vigorous training programs or active combat. During World War I and II the rates declined and were quite low in France and Germany where the troops were engaged in active campaigns in the field.

4. During demobilization periods following the conclusion of wars there has always been an increase in rates and relatively higher rates have persisted for fairly long periods of time.

THE PROGRAM DURING WORLD WAR II

The Eight Point Agreement

It was recognized in World War I that the military, with minor exceptions, receive their venereal infections from civilians; that a clean civilian community meant a clean military community; and that a successful venereal disease control program represented a joint effort by numerous agencies. In that war, the U. S. Public Health Service and the American Social Hygiene Association played particularly prominent roles together with the military services in the control of venereal diseases. Civilian communities, especially in the extra-cantonment areas, launched extensive programs which included the repression of prostitution, health education, and improvement of epidemiologic and treatment facilities. Unfortunately, with the close of the war, interest lagged and the entire civilian program lapsed into a long period of relative quiescence. As the growth of Nazi power forecast World War II, the military services, U. S. Public Health Service, and the American Social Hygiene Association, recalling their joint action in World War I, met to establish plans for another collaborative effort. Out of these conferences came the *Eight Point Agreement* which was adopted 17 May 1940 and has continued in effect with a great deal of success. As revised in 1946 for peacetime needs, this Agreement reads:

An Agreement on Measures for the Control of Venereal Diseases, April, 1946

It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the U. S. Public Health Service and the Social Protection Division of the Federal Security Agency, the U. S. Treasury Department, the U. S. Army, the U. S. Navy and interested voluntary organizations:

- (1) Early diagnosis and adequate treatment by the Army, Navy and Coast Guard of military personnel infected with venereal diseases.

(2) Health departments will assure the adequacy of case finding, diagnostic treatment and case holding procedures for the civilian population.

(3) When authentic information can be obtained as to the probable source of venereal disease infection of military personnel, the facts will be reported by officers of the Army, Navy or Coast Guard to State or local health authorities. If additional authentic information is available as to contacts had by infected military personnel during the communicable stage, this should also be reported.

(4) All contacts of military personnel with infected civilians should be reported to appropriate officers of the Army, Navy or Coast Guard by local or State Health officers.

(5) Recalcitrant infected persons with venereal diseases should be forcibly isolated during the period of communicability. In civilian populations it is a duty of local health authorities to obtain any needed assistance of the local police authorities in enforcing such isolation.

(6) Opportunities for contacts with persons reasonably suspected of being infected with venereal disease should be decreased as far as possible. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State health departments, the U. S. Public Health Service, the Social Protection Division, the Army, Navy and Coast Guard will cooperate with local police authorities in repressing prostitution. Local police departments should be provided with such information relative to places of procurement, and exposure, as is necessary to carrying out their responsibilities.

(7) An aggressive continuous program of education should be carried on both among military personnel and the civilian population regarding the dangers of venereal diseases, methods of preventing venereal infections, and the steps which should be taken if a person suspects that he is infected.

(8) State and Territorial health officers, the Federal Security Agency, the Treasury Department, the Army and Navy all desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

Signed: ROBERT P. PATTERSON,
Secretary of War
JAMES FORRESTAL,
Secretary of Navy
FRED M. VINSON,
Secretary of Treasury

WATSON B. MILLER,
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*Association of State and Territorial
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The value of the *Eight Point Agreement* can hardly be overestimated. Thousands of infected girls were located and brought under treatment by civilian health departments, and places of assignation were identified and eliminated by law enforcement agencies. Due to this cooperative effort houses of prostitution in over 700 red light districts were closed during World War II.

The May Act

On 20 January 1941, *H.R. 2475*, the May Bill, to prohibit prostitution within such reasonable distances of military and/or Naval establishments as the Secretaries of the War or Navy shall determine to be needful to the efficiency, health and welfare of the Army and/or Navy, was introduced in the House of Representatives. It had been apparent for sometime that local law enforcement facilities for the repression of prostitution were inadequate in many communities and that federal support through the Federal Bureau of Investiga-

tion would be necessary. The Bill was supported by the Army, Navy and American Social Hygiene Association and was partly the result of spontaneous Congressional sentiment. It was passed by Congress on 11 July 1941 and became permanent legislation in May, 1946. (*Public Law 381.*)

Induction of Individuals with Venereal Disease

The program for army induction of individuals with venereal disease was officially inaugurated in October, 1942. In order to carry out this induction program special venereal hospitals were built at each of the thirty-four army reception centers. A total of 6,510 beds was thus allocated for the examination and treatment of soldiers inducted with venereal disease. Of a total of over 900,000 found to be infected with venereal disease at the induction examination, 288,000 were accepted and treated prior to or during military service. This program has had the effect of relieving civilian health agencies of an enormous treatment problem and, at the same time, providing the Army with thousands of useful soldiers.

PRESENT VENEREAL DISEASE CONTROL PROGRAM

Based on what we have heard, the Army's present program for venereal disease control may be summarized as follows:

1. *Responsibility.* Venereal disease control is primarily the responsibility of the unit commander, who must initiate and maintain the venereal disease control program. He is assisted by the various technical and administrative branches of the service. Thus the Corps of Chaplains is directly charged with the maintenance of moral and spiritual welfare. The Special Services officer provides substitutive activities for leisure hours such as sports, entertainment, educational programs and improved recreational facilities. The Provost Marshal attempts to protect troops in extra-cantonment areas by policing, by discovering and placing "off limits" resorts or even towns and cities where crime and vice abound. The role of the unit commander and his advisors is as follows:

a. Commanding Officers

(1) Impress moral responsibility and encourage strong self-discipline in officers and enlisted men of their command. Special attention is given to the elimination of officers and non-commissioned officers, who, by the example of their private lives, undermine discipline and respect for command.

(2) Support measures to repress prostitution.

(3) Establish appropriate controls on the sale of liquor to all military personnel.

(4) Restrict military personnel infected with venereal disease to the unit areas for a minimum of 30 days, and, on recommendation of the surgeon, up to 90 days after the completion of treatment in order to diminish the chance of relapse or early reinfection and to insure, as in the case of gonorrhea, that a coexisting syphilitic infection has not been masked by the administration of penicillin. Individuals infected with venereal disease are not evacuated to the Zone of Interior until 30 days have elapsed following completion of treatment. Exceptions are made only for medical reasons and when extreme hardships will result.

(5) In recommending the promotion of individuals and in the preparation of efficiency reports of officers, take cognizance of repeated infections of venereal disease, intemperance and similar traits and habits prejudicial to good order and military discipline.

(6) Restrict passes in the case of irresponsible individuals who repeatedly expose themselves to the risk of venereal disease. The granting of passes is a privilege and not a right and is a reward for good conduct.

(7) Give consideration to the separation from the service, under the provisions of existing Army Regulations and directives, of individuals who demonstrate undesirable habits and traits of character including the repeated recurrence of venereal disease.

(8) Emphasize and take a personal interest in athletic and other recreational programs in which all personnel of the command participate regularly.

b. Corps of Chaplains

(1) The Corps of Chaplains bears a special responsibility for the moral and spiritual welfare of troops. To aid the Chaplain in meeting this responsibility, commanding officers allocate appropriate periods in the regular training schedule for instruction in citizenship and morality which all military personnel attend.

(2) The Chaplain delivers appropriate sex morality instruction whenever the need is indicated.

c. Special Service Division

(1) Through the Army Exchange Service, Army Motion Picture Service, and the Army Athletic and Recreation Service, provides maximum facilities for wholesome recreation and entertainment, including voluntary athletics, library service, musical programs, handicraft and manual arts, soldier sight-seeing tours, service clubs, and professional and amateur theatrical productions, together with suitable and complete post exchange and motion pictures.

(2) Programs and schedules intramural contests, and sponsors representative teams in all sports; distributes equitably available materials and equipment to insure availability of recreational equipment to the lowest echelon, endeavoring, with all means at his disposal, to provide an attractive and interesting environment for the troops of the command.

(3) Advises all command echelons of the recreational facilities available to the command, and assists in planning such activities as may result in greater mass and individual participation by all the personnel.

I would like to digress just a moment or two and tell you just what is being done for our soldiers at home and abroad. Carefully planned recreation, entertainment and travel are an essential part of the American soldier's life. His opportunities in these fields exceed those available to the average young civilian. Clubs, recreation areas and rest centers are operated especially for him. Hollywood's latest productions are brought him by the world's largest movie circuit. Professional stage, screen and radio entertainers are frequent visitors at Army installations. Well-equipped athletic fields form the background for a vast sports program. American women of excellent background and specialized training serve as hostesses, librarians and civilian actress technicians, operating service clubs and libraries and assisting in organizing soldier show workshops abroad. In foreign countries, there are especially arranged, low-cost GI tours. Rome, with its Coliseum; the canals of Venice; the vacation lands of the Swiss Alps

and the French Mediterranean coast; England's famed lake district; the English abbeys; the great French ecclesiastical relics; Holland; Denmark; Belgium; Tokyo, Yokohama and the Japanese shrines and lakes are regularly visited. In Europe alone, during a recent 10-month period, 1,250,655 American military personnel made tours outside the occupied area.

Vacation centers for the American soldier may be found almost everywhere, in former luxury hotels and castles, in villas along some of Austria's most beautiful lakes and in ski schools tucked away in Germany's high mountains. But skiing is only a part of the vast, all-inclusive sports program. German stadia, swimming pools, baseball and other athletic fields are used by the Army for American sports and inter-allied games. In the Pacific, baseball diamonds, football fields, basketball and tennis courts and boxing rings are almost everywhere.

The "Ike Stadium" in Bremen, Germany, alone provides 26 tennis courts, eight softball diamonds, two football fields, track and jumping pits, a regulation baseball diamond and an indoor gymnasium. In the Philippines the Army operates Manila's great Rizal Memorial Stadium—a mammoth athletic plant including three outdoor stadia and an indoor coliseum. In Tokyo, the Meiji Shrine, operated by the Army, includes a baseball field seating 65,000; a track and field stadium, seating 30,000 and a natatorium seating 12,000. Fifteen golf courses, fifteen modern swimming pools and numerous beach resorts have been taken over for American military personnel in Japan alone.

The soldier shows already mentioned are a staple of Army existence. Soldier actors are encouraged to participate and more than 100 civilian actress technicians are overseas helping soldiers plan and produce their own shows. This self-made entertainment supplements the professional USO Camp shows, which make periodic visits to military centers. It is facilitated by the distribution of thousands of dramatic publications, including skits, one act plays, musical comedies, quiz books and hints for masters of ceremonies. For those who like to do things with their hands, there are manual arts shops with materials for painting, sculpturing, leathercrafts and metallurgy. Trained personnel help organize programs in woodwork, carving, plastics, weaving, photography and other hobby interests.

This vast program, operated by Army Special Services, includes the post exchanges, which take the place of the home-town corner drugstore. It has a single mission—to make "the healthiest man in the world" the American soldier, happy and contented with his service role.

d. Provost Marshal

The Provost Marshal (1) Assists unit commanders and enforcement personnel in implementing the War Department policy on the repression of prostitution.

(2) Calls to the attention of Joint Army and Navy Disciplinary Control Boards unsatisfactory conditions as they pertain to venereal disease in the civilian community.

(3) Supervises the enforcement of "Off Limit" orders issued by Army Commanders upon recommendation of local commanders and Joint Army and Navy Disciplinary control boards.

(4) Cooperates with civilian health and law enforcement agencies charged with implementing local ordinances relating to the suppression of prostitution and the control of venereal disease.

e. Medical Department

The Medical Department keeps the commanding officer informed of venereal disease incidence in his organization and makes recommendations as to medical control measures. The individual soldier in turn is responsible for carrying out individual measures designed to protect himself against venereal disease. The venereal disease rate of a unit is therefore a fair index of its discipline, training and administration.

(1) *Education program.* Education of the soldier is essential to the success of the venereal disease control program of the Army. While immunization may so protect the troops against smallpox and tetanus that a high degree of safety is provided without any further thought on the part of the person protected, the control of venereal disease is dependent upon the soldier's individual participation in the program. Measures to repress prostitution will reduce the opportunities for exposure; follow-up of sources of infection will diminish the risk of infection of those who expose themselves and provision of facilities for prophylaxis will reduce the risk of infection if exposure occurs. The individual, however, is the final arbiter in deciding whether or not he will risk exposure or will utilize prophylactic measures if exposed. Since the ultimate decision rests with the individual, education is the foundation upon which the success or failure of the program depends.

The formulation of an education program for the Army is based on certain fundamental tenets:

(a) Continnence is the only certain method of avoiding venereal disease. This basic principle is clearly set forth in Army Regulations and directives and is stressed in the Army program.

(b) The sex habits of the man of military age have been largely determined before he enters the Army. The man who has been promiscuous in civil life will probably not change his habits upon entering military life. A study at one Army post showed that half of all the soldiers contracting venereal disease gave a history of having had a similar infection before entering the Army.

(c) Instruction regarding venereal diseases and their prevention is presented in such a form as to appeal to all levels of intelligence and education, with special attention to those in the lower half of the intellectual range.

(d) A wide variety of educational techniques are employed in order to reach the largest number of individuals. The venereal disease poster, movie or pamphlet that appeals to one person may be completely lacking in appeal to someone else. Measures are employed that appeal to all ranges of taste, education and emotion.

(e) Educational measures are designed to appeal to the individual to be reached, viz., the young soldier. His emotional and intellectual reaction is different from that of the older individual who may have greater appreciation

and understanding of medicine, sociology, law, religion, or any of the other disciplines upon which the venereal disease program draws its support. What appeals to the youth lacking technical knowledge may appear puerile to the middle-aged scholar, yet it is to the youth not the scholar that the appeal is directed.

(f) Memory is relatively short in competing with a biological urge as strong as that of sex. Resort is made to measures which frequently remind the individual of the basic instruction.

(g) Instruction given by the medical officer includes the following points:

1. Names and characteristics of the various venereal diseases.
2. Manner of transmission of the venereal diseases, and the dangers of promiscuous sex relations.
3. Methods of prevention, stressing continence as the only sure way of avoiding venereal diseases.
4. Fundamental requirements of treatment; the dangers of neglect, self-treatment, or improper treatment; the possible occurrence of complications such as heart disease, insanity, arthritis, or sterility.

(h) Instruction of officers as to the importance of venereal diseases and sound measures that can be taken to effect their control is as essential as is instruction of the men regarding measures of individual protection. Since Army policy places the ultimate responsibility upon the commanding officer, he is the key individual in the success or failure of the program within a particular unit. His understanding and cooperation are therefore essential.

(2) *Control Measures.*

(a) *Reduction of sex exposures.* The only certain way to prevent venereal disease is to avoid promiscuous sexual intercourse altogether. The soldier is taught that avoidance of sex relations is not harmful to his health or well-being. The fact cannot be overlooked, however, that in any unit there will be some men who will have promiscuous sex relations. The degree of promiscuity that is carried on will depend to a large extent on the moral and spiritual background of the men in the unit, and on the particular Army environment in which they find themselves. It is, of course, impossible to do anything to change the backgrounds of the men, but it is possible to do something about the environment.

(b) *Prophylaxis.* Venereal disease prophylaxis is a measure tolerated by the Army merely because of the recognized fact that some men, in spite of good family environment, the teachings of their church, and the dangers of disease, will run the risk involved. To this class, which is not readily influenced by education, or by appeal to the higher moral values, prophylaxis is offered as a last resort, not only for the protection of public health but also for the self-protection it may afford the individual. High-minded soldiers who respect themselves, their families and their unit have no occasion to resort to such devices.

(c) *Reduction in sources of infection.* Ordinarily the sources of infection (infected women) are not under military control. Therefore, the problem of reducing their number is primarily a function of civil health and law enforcement authorities. This does not mean, however,

that the Army does nothing about their problem. The cooperation of the Army in working with the civilian authorities is of great importance. It is carried out in the following manner:

1. Information about the probable source of infection is obtained from each soldier who has a venereal disease, and is recorded on WD AGO Form 8-148, *Report of a Contact of Venereal Disease*. This form is then sent immediately to the health officer in the area where the suspected source lives. The purpose of obtaining this information is explained carefully to the soldier in order to secure his cooperation. He is assured that the information will be treated confidentially and that no mention of his name will be made to his contact.

2. Encouragement of civilian health departments to provide adequate facilities for finding, treating, and, if necessary, quarantining infected individuals.

3. Protection of civilians against infection by military personnel. This places an additional responsibility upon the Army to find, treat, and restrict military personnel with venereal disease.

(d) *Early detection and prompt treatment.* Every known case of venereal disease is promptly treated. Individuals in the infectious stages of a venereal disease are either hospitalized or treated on an out-patient or duty status. All cases treated without hospitalization are restricted to the post until non-infectious. A list of those undergoing treatment but not excused from duty is kept both by the organization commander and by the surgeon. Such individuals are required to report to a medical officer for systematic treatment.

Factors Contributing to Increased Incidence of Venereal Disease Among Troops

Presence of large number of men in the Army who had but one thought, to get out, and among whom military discipline and morale was at a low ebb.

Decrease in effectiveness of the venereal disease control program as key personnel, officer and enlisted, were separated from the service.

Cumulative effect of widespread publicity given to the "miraculous" effects of penicillin and the sulfonamides in treating venereal diseases, counteracting the War Department educational program designed to acquaint soldiers with the advantages of continence and necessity of prophylaxis if exposed.

Systematic demoralization of German and Japanese womanhood under their former governments. These women were indoctrinated in the belief that it was right and patriotic to bear illegitimate children for any soldier of the fatherland. As members of a victorious and occupying force, many U. S. soldiers have been unable to refrain from taking advantage of the opportunities of such a situation which is further aggravated by want and hunger in the civilians.

Reduced effectiveness of venereal disease control measures as applied to Negro troops than as the same measures applied to white troops. The Negro venereal disease rate is consistently 10 to 12 times the white rate.

The very large reservoir of infection in the civilian population. The venereal disease rate among civilians in Berlin is more than twice that for the U. S. Zone of Germany.

The transient character of the population in occupied areas. Many displaced persons and refugees are infected, making case finding difficult.

The importance of the "pick-up" or "willing amateur" as the most important source of venereal infection in the continental U. S., contributing about 70 per cent of the infections.

Newer Concepts of Venereal Disease Control

The change from war to peace and the return to a stabilized military establishment have necessitated a thorough reevaluation of all measures in effect. This has been accomplished; methods that are no longer applicable or were proven unsuccessful have been discarded and proven measures have been added or given new emphasis. Chief among these is the moral and spiritual approach and emphasis on self-discipline and individual responsibility.

Commanding officers of all units are being encouraged to impress moral responsibility and strong self-discipline in officers and enlisted men of their command. The elimination of officers and noncommissioned officers, who, by the example of their private lives, undermine discipline and respect for command is accomplished. Commanding officers are giving consideration to the separation from the service of individuals who demonstrate undesirable habits and traits of character including the repeated incurrence of venereal disease.

The War Department Venereal Disease Control Council

Mission. The mission of the War Department Venereal Disease Control Council is as follows:

- a. Meet once each month to consider venereal disease problems as they affect service personnel.
- b. Keep the Chief of Staff informed of all phases of the venereal disease situation as it affects the Army.
- c. Facilitate an interchange of ideas, and to keep each other informed on present venereal disease trends and problems.
- d. Take immediate corrective action when reports indicate the existence of unsatisfactory conditions that are beyond the control of the local or army commander.
- e. Develop standard educational and control measures to be applicable to all service personnel.
- f. Keep informed on venereal disease and problems related to its control.
- g. Review control procedures adopted in the field.
- h. Establish policy for reduction and control of venereal disease based on appropriate research studies and surveys and the recommendations of the various services represented on the council, based on field experience.

i. Coordinate, support, and assist the Joint Army and Navy Disciplinary Control Board on disciplinary problems related to venereal disease control.

Composition of the Council. The following are the members of the War Department Venereal Disease Control Council:

Major General Willard S. Paul, Director of Personnel and Administration,
Chairman

Major General Norman T. Kirk, The Surgeon General

Major General Floyd L. Parks, Chief, Public Relations Division

Chaplain (Major General) Luther D. Miller, Chief of Chaplains

Brigadier General Russel B. Reynolds, Chief of Special Services

Brigadier General Blacksheer M. Bryan, Provost Marshal General

Representatives of:

(1) Secretary of War

(2) Army Air Forces

Command

Surgeon

(3) Army Ground Forces

Command

Surgeon

In order to aid commanders of echelons below the War Department in controlling and reducing venereal disease rates, and to provide the War Department venereal disease control council with information from the field on various venereal disease problems encountered, measures employed to reduce venereal rates and their success, councils similar to the War Department Venereal Disease Council are established where feasible at all echelons down to include posts, camps and stations.

The mission of subordinate councils are as follows:

a. To meet once each month to consider venereal disease problems as they affect service personnel under their jurisdiction.

b. To keep their commanders informed of all phases of the venereal disease situation.

c. To facilitate an interchange of ideas and keep each member informed on local venereal disease incidence.

d. To recommend immediate corrective action when reports indicate the existence of unsatisfactory conditions contributing to venereal disease.

e. To cooperate with local civilian health and law enforcement agencies in the repression of prostitution (AR 600-900) and the removing of conditions inimical to the morals and welfare of service personnel in extra cantonment areas.

Joint Army and Navy Disciplinary Control Boards

A central board consisting of the Provost Marshal General, U. S. Army; Chief, Preventive Medicine Division, Office of The Surgeon General; Assistant of naval personnel; Chief, Preventive Medicine Division, Bureau of Medicine and Surgery, U. S. Navy, has been organized. The functions of this board are to inform itself, and consider reports from the various Joint Army and Navy Disciplinary Control Boards relating to morals, and welfare of service personnel in their respective areas. It also recommends policy and/or appropriate action to cognizant Army and Navy authorities in relation to the functions of the various Joint Army-Navy Disciplinary Control Boards toward the improvement of conditions adversely affecting morals and welfare of service personnel.

The local boards receive and consider reports on conditions in the areas within its jurisdiction relating to prostitution, venereal disease, liquor violations, disorder, and other undesirable conditions as they affect service personnel.

Psychological Studies of Individuals Acquiring Repeat Infections

Our entire educational program is under careful study at the present time. We realize that some measures that were applicable for a combat Army are certainly not applicable for a peace time Army. We are working very closely with our consultants Drs. John H. Stokes, William A. Brumfield and Granville C. Larimore to develop this program. Preliminary studies indicate that certain groups due to their lower intelligence and social mores are especially prone to acquire venereal disease. This group has distinguishing character traits which permit a rough prediction of the type of individual who is likely to contract the disease. For want of a better term we shall refer to him as the "Venereal Disease Prone". This does not mean that every man who develops venereal disease has a certain type of personality. The majority of these men are no different from the men of any other group of normal individuals.

However, considering the most distinguishing traits, the soldier who contracts venereal disease is more likely to be colored, to belong to a component of the service other than AUS (draftees), and to have less than average education and intelligence. He is the younger member of the group and more often single. He is more unrestrained, carefree, ready to take chances and more easily influenced. He drinks a little more and as a civilian was arrested somewhat more frequently. He does not adjust quite as well to army life and receives more court-martial and company punishments. His most distinguishing trait is that he has stronger sex urges than the average soldier. He begins his sex life somewhat earlier, and as a civilian more often committed adultery, indulged more frequently in illicit sexual intercourse and more often visited professional prostitutes. As a soldier overseas he begins his heterosexual experiences earlier and indulges more frequently. Sexual intercourse is a more important factor in his life and he shows less choice regarding the woman with whom he cohabits. He less often selects the woman, but because of his libidinous ways, he is readily solicited by the female. Once he contracts a venereal disease, this does not deter him from continuing his ways and contracting new infections.

The Venereal Disease Control Division of the Army and the American Social Hygiene Association maintained a close collaborative relationship in both World War I and II. As the only non-governmental, private agency continuously active for many years in venereal disease control the American Social Hygiene Association occupied a key position in civilian control efforts and through its educational, legal, and other activities provided invaluable support and assistance to the Army. The moving spirits of the Association, Dr. William F. Snow and Dr. Walter Clarke had cooperated with the United States Public Health Service and the Army and Navy in World War I and were,

therefore, able to bring to the problems of World War II the experience they had gained in the first war. From the standpoint of the Army, the major contributions of the American Social Hygiene Association during this war included the organization of local social hygiene societies and their sponsorship of public meetings to stimulate citizen interest, the improvement of state anti-prostitution laws, the investigation of prostitution activities by undercover studies and the submission of reports of these studies to the Army and other interested agencies, and the provision of extensive educational material in the form of posters, pamphlets and films for use in Army posts, camps, and stations.

One of the most important activities of the American Social Hygiene Association was its undercover studies of prostitution in all the larger cities and towns. Periodic surveys of the same communities were made and reports were transmitted to different Army command levels for information or action. In numerous instances prostitution activities were first detected by these surveys and action was initiated which resulted in their elimination. Without the incontrovertible evidence provided by these surveys the effort to secure repression and law-enforcement would have failed in many cities because of the resistance and obstructionism of the prostitution interests, the apathy of the police, and the difficulty of proving the existence of prostitution in court.

The Army's venereal disease control program was also facilitated by the widespread improvements in state and local anti-prostitution laws that were brought about mainly through the efforts of the legal section of the American Social Hygiene Association. Many states strengthened their existing laws and others, with no previous legislation, passed "model" laws suggested by the Association. The Association published an exhaustive study of laws concerning prostitution, *Digest of Laws Dealing with Prostitution and Other Sex Offenses*, in 1942, and 100 copies were distributed in the Army for the information and guidance of venereal disease control officers. The Association also supported the May Act and several other bills involving venereal disease control.

Venereal disease control programs, like other public health efforts, depend to an important degree for their success upon the maintenance of a high level of professional and lay interest. The American Social Hygiene Association significantly contributed to this phase of the educational program by conducting well publicized Social Hygiene Day meetings each year in cities throughout the country to which Army, Navy, Public Health Service, and local groups were asked to send representatives. These meetings served to prevent inertia and apathy and often injected new enthusiasm into local efforts.

Without the help of the American Social Hygiene Association in the venereal disease control program of World War II, the Army would have lost one of its most powerful and loyal civilian supports. We hope this help will continue as it is needed now more than at any other time.

VENEREAL DISEASE CONTROL IN THE UNITED STATES NAVY *

COMMANDER GEORGE W. MAST (MC) USN

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Mr. Chairman, ladies and gentlemen, perhaps we should start our discussion as Irwin Russell's Negro did when he asked the Lord to bless the dance they were about to have. He said:

“You bless us, please sah, eben ef we’s doin’ wrong tonight,
Kase den we’ll need de blessin’ more’n if we’s doin’ right,
An’ let de blessin’ stay wid us until we comes to die
An’ goes to keep our Christmas wid dem sheriffs in de sky.”

(from Christmas Night in the Quarters)

In order to get the proper perspective for our task, I think we should take a look at history for a moment. It is said that Rome wasn't built in a day and certainly we have found that the venereal diseases are not wiped out that soon either.

I'm sure the Army and Navy venereal disease control officers and most probably Dr. Snow and Dr. Clarke and their co-workers of this Association must have been very discouraged following the conclusion of World War I. They had accomplished much during that war. Public interest had been aroused, great strides had been made in the education of the public on the problem of venereal diseases and well integrated and capable VD control organizations had been built up. Nearly all of that disintegrated soon after the cessation of hostilities and they had to pick up the pieces and start all over again.

It seems that history has a habit of repeating itself. And that applies to previous centuries as well as to today. We progress slowly with much back-sliding.

The close association between war and the spread of venereal disease has been recognized from the very earliest times. Military forces have been ravaged by venereal diseases in times past to the point where their fighting strength was dissipated and the campaigns were lost. The armies and navies of the world have attempted to meet this challenge to their manpower in various ways, most of which were more or less unsuccessful until the advent of World Wars I and II. During these wars for the first time the rate of venereal infection was lowered instead of skyrocketing upward as it had always done before. The Navy rate in World War I went down to 70 per 1,000 per year. During this war it went to 28—the lowest since our recorded figures began in 1873. Subsequent to these two wars however, the rates have climbed upward and we are repeating today our experiences of World War I.

* Address given at the Annual Conference of Social Hygiene Society Executives, March 3, 1947, New York City. The opinions or assertions contained herein are private ones and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

Great pandemics of venereal disease have followed the conclusion of all wars in every country of the world affected by them. That is happening today and the venereal rates are rising in all the countries of the world of which we have information. Women have always followed the men to war for various reasons of their own. The disastrous effect of uncontrolled sensuality on the troops and the bad influence of promiscuous women on the discipline and fighting spirit of the men were recognized early, and various control measures were taken.

According to Hinrichsen,¹ in the time of the Caesars, Roman soldiers were not permitted to marry during their period of service, and Roman women could not be taken into the camps. But the prostitutes awaited the soldiers when they returned, booty-laden, from the wars. According to Rosenbaum,² at the time of the Caesars, the brothels were located in the Coelimontana, close to the city wall, not far from the food market and the soldiers' barracks.

These brothels were described as being very dirty and consisting of a certain number of cells over each of which the name of the prostitute and her fee were inscribed. They haven't changed much since the time of Caesar. And there are places in the world today that are just like that. At first these cells were rented to individual prostitutes, but as the business grew profitable male and female procurers bought women slaves with whom they filled their brothels and whose fees they collected. Women slaves were also kept by the owners of drinking and eating establishments to entertain the guests with dancing, music and sexual embraces. Only married women were punished for prostituting themselves.

When Hannibal's army left Capua a large number of his soldiers turned back again because they could not bear to leave the feasting, wine, women and leisure to which they had become accustomed.

Medical regulation was also tried. André de Leon, physician and chief surgeon in the army of the Duke of Alba, in the war waged by the Spaniards against the Portuguese in 1579 and 1580, reported in a treatise on "la verole," which he published in 1605 that so great were the ravages of venereal disease in the town and port of Setubal that the duke ordered de Leon to visit all prostitutes once a week, and to order 200 lashes for all who were not provided with a health certificate.³

So you can see that the problem created in the military forces by women since the earliest times shows that the ancient problems do not differ essentially from the modern ones confronting us.

Practically everything has been tried by the army of one nation or another. The measures used by various nations to try to control the venereal diseases in their troops have varied from carrying their own women with them, or running their own houses of prostitution, to cutting off the noses of the prostitutes as Frederick I of Barbarossa did on his second Italian Expedition in 1158, or to sewing them in

a sack and throwing them in the Nile as Napoleon ordered the Divan of Cairo to do after the conquest of Egypt by the French in 1798.⁴ Similarly, various measures have been taken to encourage the men to fight and not to get disabled by a venereal infection. This has varied from the Asiatic custom of taking their women into battle with them so that they would fight to protect them to the edict of Dagobert, King of the Franks, who ordered a severe fine for a man that touched a free woman and had his ears and nose cut off if he was unable to pay.⁵ In the French Army, as early as 1833, a compulsory examination of the soldiers was ordered once a month. Those found infected had to give the names of the sources of their infection.⁶ The same regulation was adopted in 1842 in Belgium. We adopted our system of contact reporting in 1944—102 years later. In the army of the King of Prussia, infected men were beaten with sticks and December 20, 1718, the French Army issued a regulation on loss of pay. Officers lost five-sixths of their salary and the non-commissioned officers and men lost all theirs while being treated for a venereal infection.⁷ The men did their utmost to conceal their diseases and on April 7, 1902, the French Army abolished all forms of punishment for contracting a venereal disease.⁸ It is apparent that the American military forces have tried a great many of these various methods aimed at reducing the serious effect that the venereal diseases have on our military strength. Some of these have been partially successful, especially during the war when an integrated organization of men trained in this work could be built up, and they in turn could get the whole-hearted cooperation of other governmental and civilian agencies as well as have the backing of an aroused public opinion which is absolutely essential to success in reducing the venereal infection rate.

The report of the Surgeon General of the Navy for the year 1906 is interesting in this respect.⁹ "Admitting the notorious unreliability of statistics relating to the prevalence of what are popularly termed 'Concealed Disease', it is nevertheless undeniable that this class of diseases is responsible for a larger percentage of invalidism in the United States Navy than any other, and accounts, therefore, for the greatest number of sick days and consequent loss of services to the Government. Indeed, the progressive increase of all diseases included under this head in the naval service is alarming and calls for the most serious consideration, not only by the Medical Department, but by other naval authorities. Unfortunately the question is complicated and its complete solution made difficult or impossible by the fact that the ratio of these diseases in the naval service will always be a reflex of the ratio of these diseases in the surrounding community, and the Navy must look in part to the civil authorities, where lies the responsibility and remedy for the largest factor in the problem. But there is much that we can and should do in combating this great scourge along lines of education and of moral and physical prophylaxis."

As bearing directly upon the foregoing considerations it is interesting to study the relative influence of life afloat and ashore, and a comparison of contributions to venereal invalidism, as between the force serving on cruising ships and that doing duty at shore stations,

irrespective of locality, shows a tremendous numerical preponderance to the credit of the former. From this fact it would not seem ill-founded to conclude that whenever opportunities occur to enable the enlisted men to lead a more or less settled life, a powerful influence for good is exerted and those diseases dependent upon moral stability decline proportionately. Now that the Navy is so large, established on a permanent basis, it would well repay the Department to give the social life of the men further serious thought, and do all in its power to give reasonable certainty to the men that a full share of their time when in the vicinity of the United States can be lived with their families, or in the midst of familiar civil communities where permanent and decent friendships have been established. The policy of the Department in identifying the various ships with certain navy-yards as regular home ports to which, in the ordinary course of events, they will always be assigned for repairs, has done much to foster the formation of home ties; to counteract in part the influence toward roving habits; to secure greater permanence of service among that class of valuable, self-respecting men which the service really wants to keep, and to enhance the dignity and moral continence of the personnel in general. It is in our calculations upon such results that we observe a union between morality and hygiene, and a step has been taken in the right direction for the mitigation of the "social evil" so detrimental to the naval service, because of its depressing effect on the morals, the health, and the working efficiency of the personnel.

In further pursuit of this desirable end attention is invited, first, to the salutary effects of occupying the otherwise leisure hours of the enlisted force with out-door athletics and other amusements within their own zone, thus relieving the existing dependence upon outside resources of uncertain character, and, second, to the need of reforming the regulations of all ships and providing convenient boats, if at anchor off from shore, so that liberty men may return for meals, if they so desire, without forfeiting the remainder of their leave. This practice is followed on some ships, it is said, with most gratifying results, in that it evidences an official interest in the welfare and comfort of the men; minimizes liberty breaking, desertion, and intemperance; creates a feeling of attachment to the ship; encourages orderly enjoyment of privileges, and withdraws the men from exposure to the advances and seductions of designing outsiders, who abound at the refreshment halls frequented by the sailor at a time when he is most approachable and susceptible to influence.

Moreover, it is believed that the past custom of meeting liberty requirements in tropical ports, where the resources of healthful and decent diversion are practically nil, but where the crews of our ships spent so much of their accumulated pay, actually operated as an encouragement in the sort of leisure occupation which is so overstocked with pitfalls and from which it should be our aim to protect the men. The Bureau, therefore, notes with pleasure that vessels which are cruising in the tropics are now more frequently brought to cooler ports, often a home port, for the combined purpose of giving liberty and making necessary repairs. In these comments the Bureau

has not considered the casual liberty granted at the various ports where ships appear from time to time in the prosecution of their work, but refers to those periodical occasions in the course of a cruise when ships proceed to some selected port with the principal and definite object of giving protracted liberty. All this makes for the reduction of venereal disease. Much can be done, also, in the line of prevention by proper instruction and advice, which should be undertaken by the medical officer on certain days during the time set apart for instruction in first aid, and the discharge of this responsibility must be accomplished with an entire freedom from any suggestion by word or manner that the subject under consideration is aught else than of serious import and far removed from mere "preaching."

Our organization during this war was similar to the one we had in World War I, but modified by the experience gained in venereal disease control during that war as well as during the intervening years.

Within the Preventive Medicine Division of the Bureau of Medicine and Surgery is organized the Section of Venereal Disease Control. Selected Medical Officers have been given a special course of instruction in the preventive, as well as the curative aspects of venereal disease control and assigned to all Naval Districts and large stations. They in turn build up organizations within the Districts and Stations so that the whole program is integrated from the lowest to the highest level. But it is apparent to everyone who studies the problem that the successful control of venereal disease involves much more than the medical department in its preventive aspects, and constant help is needed from other divisions of the Navy Department such as welfare, discipline, education and chaplain. As a result we have organized a Venereal Disease Control Board within the Navy Department with representation of all the different activities involved in the problem.

It is necessary however, to go outside the Navy for help on these problems. Other governmental agencies are involved such as the U. S. Public Health Service, Department of State, Department of Justice, as well as certain civilian agencies such as the American Social Hygiene Association, and others. This led to the formation of an Interdepartmental Board, to the Eight-Point Agreement, and to the passage of the May Act on 11 July 1941. This act has since become permanent legislation. Local cooperation and concerted action with the Army is necessary to achieve our objective, and a joint agreement was signed between the Secretary of War and the Secretary of the Navy authorizing the establishment of Joint Army-Navy Disciplinary Control Boards in each Naval District and Army area. This has recently been supplemented by the establishment of a Central Joint Army-Navy Disciplinary Control Board in Washington, D. C., composed of representatives of the War and Navy Departments to assist and give direction to the local boards. Today, most of our trained men have gone back to civil life and it is necessary to train new ones and to build up a new organization as we are presently doing.

It should be noted in this discussion that the incidence of venereal disease in Naval personnel is a direct reflection of the prevalence of

these diseases in the civilian populations wherever our men are stationed, modified by whatever forces we can bring to bear on the individual or his environment to influence him for the better.

In an effort to influence the individual, we use all known psychological and educational procedures as one of the approaches to the problem and are constantly striving to improve them or to find better or more effective methods. Lectures and speeches on the venereal diseases and on teamwork, morals and clean living are given by medical officers, Hospital Corps officers, line officers, chaplains and enlisted men. In addition to lectures and speeches, sound motion pictures and slide films are repeatedly shown, posters are prominently displayed on ships and stations, and many different types of pamphlets are distributed. In all of our educational material the fact is repeatedly stressed that continence is the only sure preventive of venereal infection, and that indulgence in illicit sexual relations exposes one to the danger of contracting serious diseases which may do great damage to his health and seriously jeopardize his future happiness.

In a further effort to influence the individual, hours of liberty are frequently curtailed or restrictions placed upon the places he may visit. Every effort is also made to furnish him with recreation facilities and equipment as well as wholesome entertainment in an effort to divert and absorb his energies and to prevent him seeking entertainment or an environment that would be more hazardous to his health. Efforts to influence the environment are directed mainly at cooperation with civilian agencies such as health officials, police, and civilian groups working in venereal disease control or who can assist in one way or another. In an effort to help the civilian health departments locate persons who are infected with a venereal disease, all known contacts of any man in the Navy who becomes infected with venereal disease are reported to the Public Health Departments. This report also contains information as to the place of meeting with the infected woman and where the contact actually occurred. This information is tabulated and serves to point the finger at certain disreputable bars, hotels, tourist camps, etc., as well as at professional prostitutes and others who have been the source of infection of Naval personnel.

The Joint Army-Navy Disciplinary Control Boards, described previously, were organized for the purpose of assisting in the control of venereal disease as well as any other conditions that may be inimical to the health, welfare, and morals of Army or Navy personnel. These Boards cooperate closely with local health and police agencies, alcohol control boards and others. They recommend steps to be taken to correct adverse conditions in local communities which affect our personnel. This includes placing certain establishments or areas "out of bounds" or "off limits" as well as stimulating local action against establishments that are shown repeatedly to be the source of "pick-ups" or are known to be brothels or other places of ill repute.

The problem of venereal disease control in military forces has never been adequately solved. Present conditions in the Navy as well as in the civilian community show very strikingly that the menace of

venereal disease did not end with the cessation of hostilities. On the contrary, it has been greatly enhanced since that time and is giving serious concern not only to the Navy, but to all the other agencies, both governmental and private.

We repeatedly ask ourselves why the venereal disease rates are rising in spite of all our efforts at their control. Why does such a phenomenon always seem to follow in the wake of war? Undoubtedly the answer is not an easy one and only partial answers have been arrived at so far. Certainly the great social upheavals and dislocations are a part of the problem. The shifting of populations, the disruption of home and family life and the period of readjustment that necessarily follows the conclusion of a war are partly to blame. Self-discipline in matters of sex can only be expected in an atmosphere of general discipline and in a life not devoid of inspiration. Sex conduct is an expression of character. Character develops in an atmosphere of moral responsibility, ideals of duty to God, to country, to those who love and depend upon us, and whom we love and cherish. It cannot be nurtured in an atmosphere of negative approach in the midst of overtly accepted bad example, or in one devoid of inspiring objectives and ideals, frankly acknowledged, openly advocated and supported by good example rather than precept. Fathers, mothers, teachers, churchmen must accept their responsibility in this problem, and realize that sexual behavior patterns are molded by the families, schools, associates and communities of these young men and women. Sex behavior patterns are usually well established by age of 18 and even earlier. The venereal disease rate reflects those behavior patterns.

The American Social Hygiene Association has been of inestimable help to the military services, no less than to the civilian communities which they serve. Let us intensify our efforts and all shoulder a portion of the responsibility that we may have a happy, healthy, clean nation free from the scourge of such disease.

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NATIONAL EVENTS

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American Medical Association Centennial Convention.—More than 15,000 physicians from the United States and abroad are expected to attend the Centennial Session of the American Medical Association in Atlantic City, June 9–13.

Significance of the occasion has been marked by issuance of a stamp by the United States Post Office commemorating the hundred years of progress. These stamps will become available on June 9. Another centennial feature is the publication of the *History of the American Medical Association*, a book of some twelve hundred pages with many illustrations.

On Saturday, June 7, the Board of Trustees is tendering a dinner to honor affiliated professions, industries and leaders in American life. Addresses will be given by General Omar Bradley, of the U. S. Veterans Administration, director; Basil O'Connor, American Red Cross chairman and President of the National Foundation for Infantile Paralysis, Inc., and H. W. Prentis, Jr., President of the Armstrong Cork Company, Lancaster, Pennsylvania, and past president of the National Association of Manufacturers.

Special religious services will be held Sunday, June 8, at 11:30 A.M. in Convention Hall including an organ recital and addresses by Dr. Ralph Cooper Hutchison, Rabbi Joshua Liebman and Monsignor Fulton J. Sheen.

Official opening of the Technical and Scientific exhibits takes place Monday morning, June 9. Sessions for that day include addresses by Professor George W. Pickering of London, Professor Herbert John Seddon of Oxford and Sir Howard Florey of Oxford. At the Opening General Meeting on Tuesday night the address will be delivered by Dr. Edward L. Bortz, who has succeeded to the position of President-Elect, following the resignation of Dr. Olin West. The retiring President, Dr. Harrison H. Shoulders, will receive the President's Medal and distinguished foreign guests will be introduced.

The scientific programs of the sections begin on Wednesday, June 11. In each of the sections a special paper will deal with a hundred years of progress in its field. Some hundreds of papers and a considerable number of symposiums are included, with a foreign guest on the program of each one of the scientific sections. Three special meetings will be held covering: History of Medicine, Physical Medicine, and Allergy.

Special attention is called to the sessions of the Section on Preventive and Industrial Medicine and Public Health. Attention is called

also to a joint session of the Section on Internal Medicine and the Section on Experimental Medicine and Therapeutics on Friday, June 21, which will be devoted to *What's New in Medicine*. The Technical Exhibit and the Scientific Exhibit, in which the American Social Hygiene Association is participating, are by far the largest that have ever been arranged for an annual session of the AMA.

In contemplating the Centennial Celebration, the *American Medical Association News* recalls that on May 5, 1847, delegates to the National Medical Convention met in the hall of the Academy of Natural Sciences in Philadelphia and founded the AMA. Several names were first suggested for this new permanent national association of physicians, including *The Conventional Association of the United States*, and the *Medical Association of the United States of North America*, before the constitution was accepted containing a clause designating the organization as the American Medical Association. Dr. Nathaniel Chapman, of Pennsylvania, was the first president.

Today the AMA has 131,590 members and 72,243 Fellows. Its purposes are to promote the science and art of medicine; to organize the medical profession and safeguard its interests; to elevate the standard of medical education and practice; to bring about the enactment of uniform legislation for the public welfare and to protect public health. The constructive 10-point program for the extension of improved health and medical care to all people includes:

1. Minimum standards of nutrition, housing, clothing and recreation are fundamental to good health.

2. Preventive medical services should be available to all and should be rendered through professionally competent health departments. Medical care to those unable to provide for themselves should be administered by local and private agencies with the aid of public funds when needed, preferably by a physician of the patient's choice.

3. Adequate prenatal and maternity care should be made available to all mothers. Public funds when needed should be administered by local and private agencies.

4. Every child should have proper attention, including scientific nutrition, immunization and other services included in infant welfare. Such services are best supplied by personal contact between the mother and the individual physician but may be provided through child health centers administered locally with support by tax funds whenever the need can be shown.

5. Health and diagnostic centers and hospitals necessary to community needs are preferably supplied by local agencies. When such facilities are unavailable, aid may be provided by federal funds under a plan similar to the provisions of the Hill-Burton bill.

6. Voluntary health insurance for hospitalization and medical care is approved, the principles of such insurance plans to be acceptable to the Council on Medical Service and to authoritative bodies of state medical associations.

7. Medical care, including hospitalization, to all veterans should be provided preferably by a physician of the veteran's choice, with payment through a plan agreed on between the state medical association and the veterans' administration.

8. Research for the advancement of medical science, including a national science foundation, is endorsed.

9. Services rendered by volunteer philanthropic health agencies should be encouraged.

10. Widespread education in the field of health, and the widest possible dissemination of information regarding the prevention of disease and its treatment, are necessary functions of all departments of public health, medical associations and school authorities.

American Public Health Association Requests Social Hygiene Display Materials.—Materials for display in the Health Education and Publicity Headquarters at the 75th Annual Meeting of the APHA, October 6–10, Atlantic City, New Jersey, are now being collected and prepared for exhibit, by the National Publicity Council for Health and Welfare Services. The Council is particularly interested in having an exceptional social hygiene display this year and would like to receive material from state and local organizations on *Health Education, Family Life Education, Publicity, Rapid Treatment Centers, Community Educational Campaigns, Case Finding Campaigns, Annual Reports, Special Projects with Schools*, and any other social hygiene activities, including publications. Material should be addressed to Mrs. Alice Smuts, Research Secretary, 130 East 22nd Street, New York 10, N. Y.

National Association of Colored Graduate Nurses Biennial Convention.—At Atlanta, Georgia, June 16–21, the NACGN held its first postwar biennial convention, with 400 delegates from 26 states. Convention theme was *New Frontiers in Nursing*. One of the highlights of the convention was public testimonial and presentation of the Mary Mahoney Medal for distinguished service to nursing and the community to Mrs. Mabel K. Staupers, R.N., former NACGN Executive Secretary, by Mrs. Estelle M. Riddle, R.N., Vice President, National Council of Negro Women.

Election of officers resulted as follows: Mrs. Alida C. Dailey, New York, *President*; Mrs. Amanda Reece, Georgia, *1st Vice-President*; Miss Jane Belt, Illinois, *Financial Secretary*; Mrs. Uva DeRamus, Ohio, *Recording Secretary*; Mrs. Marguerette C. Jackson, New York, *Treasurer*; Mrs. Myrtis R. Davis, New York, *Assistant Treasurer*; Mrs. Edna Carey, Illinois, *Chaplain*; Mrs. Frances F. Gaines, Illinois, *Parliamentarian*; Miss Alma Vessells, New York, *Executive Secretary*.

Surgeon General Appoints Army Medical Library Consultants.—Four leading doctors were recently appointed as Honorary Consultants to the Army Medical Library, which now has 97 members, serves as an advisory body to the Surgeon General on matters pertaining to the Library. The new members include:

Major General Paul R. Hawley, USA (Retired), Medical Director of the Veterans' Administration; Dr. Michael E. DeBakey, Associate Professor of Surgery, Tulane University Medical School; Colonel Albert G. Love, MC, USA (Retired), formerly Assistant Surgeon General; Dr. Elliott C. Cutler, Mosley Professor of Surgery, Harvard University Medical School.

Women's Army Corps Has New Director.—The War Department has announced that Colonel Westray Battle Boyce, WAC Director

for nearly two years, has entered on terminal leave prior to her relief from active duty effective May 5, 1947, and that Lieutenant Colonel Mary A. Hallaren, Acting Director since March 11, 1947, has been appointed Director and promoted to the grade of Colonel.

Colonel Hallaren served as Theater WAC Staff Director for the European Theater and returned to the United States in June, 1946. She has served as Deputy Director since that time.

National Sheriffs' Association Holds Convention in New Orleans.—Charles J. Hahn, Jr., Executive Secretary of the National Sheriffs' Association, has announced that the Sixth Annual Convention was held at the Jung Hotel in New Orleans, April 28th–30th, with the Board of Governors meeting on April 27th in advance of the general sessions. The program included panel discussions on *Junior Deputy Sheriffs' Leagues*; *County Jail*; *The Sheriff's Responsibility in Rural Traffic Control*; *Salaries vs. Fees*; *Adequate Budgets, Personnel and Equipment*; and *Training Schools for Sheriffs and Deputies*.

Officers were elected as follows: *President*, Sheriff Newman H. de Bretton, Baton Rouge, Louisiana; *1st Vice-President*, Sheriff Allan G. Falby, El Paso, Texas; *Vice-Presidents*, Sheriff Martin T. Pratt, Portland, Oregon; Deputy Sheriff Robert E. Moore, Detroit, Michigan; Civil Sheriff Louis Knop, Jr., New Orleans, Louisiana; *Treasurer*, Former Sheriff Gus Caple, Little Rock, Arkansas; *Executive Secretary*, Charles J. Hahn, Jr., Washington, D. C.

National Boys and Girls Week.—The twenty-seventh annual observance of National Boys and Girls Week took place in all the communities of the country April 26th–May 3rd. The theme was *Youth—The Trustees of Posterity*. The program, designed to focus attention of the public on problems, interests and recreations of youth, and on the part played by home, church, school and youth-serving organizations in the development of character and good citizenship in growing boys and girls, emphasized important factors in the growth of youth, including citizenship training, education, recreation, occupational guidance, home life, religious education, health and safety, tolerance and understanding among nations and peoples, and membership in youth organizations.

"American Mother of 1947" Is Iowa Welfare Worker.—Mrs. Frederick G. Murray of Cedar Rapids, Iowa, author and lecturer on child welfare, mother of five and grandmother of ten, was chosen American Mother-of-the-Year by the American Mothers' Committee of the Golden Rule Foundation of New York. Now 72, Mrs. Murray has devoted a large part of her time and energy to child welfare work for more than fifty years. Her weekly newspaper feature *The Modern Mother*, written originally for the *Cedar Rapids Evening Gazette*, was syndicated in 1928. From 1928 to 1938 she delivered weekly radio talks on child care and training. She is the eleventh mother to be selected annually as the Mother-of-the-Year.

National Conference on Family Relations Regional Meeting.—Hunter College, Park Avenue, New York, was the setting for the Regional Conference on *Marriage and the Family*, held by the National Council on Family Relations on May 17th. Morning and afternoon sessions were informal panel discussions and the noon session was a pleasant luncheon meeting of more than a hundred interested persons, including many social hygiene workers. The program included:

Morning Session: *Social Applications of Mental Hygiene to Family Living.* Presiding, Dr. Sidney E. Goldstein, Past President, National Council on Family Relations. Speaker: Dr. Luther Woodward, Consultant, National Committee for Mental Hygiene. Discussants: Dr. Ruth Conkey, Department of Education, Hunter College; Dr. Nina Ridenour, New York City Committee on Mental Hygiene of the State Charities Aid Association; Mrs. Frances Sherz, Associate Secretary, Harlem District, Community Service Society.

Luncheon Session: *Plans for the 1948 White House Conference on Family Life.* Speaker, Lawrence K. Frank, President, National Council on Family Relations.

Afternoon Session: *Resources for Meeting Family Life Needs.* Presiding, Dr. Joseph K. Folsom, Professor of Sociology, Vassar College. Symposium Chairman, Dr. Alice V. Keliher, Professor of Elementary Education, New York University. Panel members: Dr. Barbara Biber, Research Psychologist, Bank Street Schools; Dr. Muriel Brown, Consultant in Family Life Education, U. S. Office of Education; Mr. N. Searle Light, State Education Department, Hartford, Connecticut; Dr. L. Foster Wood, Secretary, Commission on Marriage and the Home, Federal Council of Churches of Christ in America.

National Conference for Cooperation in Health Education.—A conference meeting was held at the National Education Association, Washington, D. C., April 10–11, with John Bracken of the American Association of School Administrators and Superintendent of Schools, Clayton, Missouri, as Chairman.

Dr. Clair E. Turner, Professor Emeritus of Public Health, Massachusetts Institute of Technology, representing the American School Health Association and National Foundation for Infantile Paralysis, reported on the project on the place of the school administrator, the physician and the nurse in the school health program. This project, under way for four years, has resulted in publication of a booklet, *The School Administrator, Physician and Nurse in the School Health Program—Functions and Education* (reviewed in this issue of the JOURNAL). Cost of this publication, including printing and distribution of 100,000 copies, was financed by the Metropolitan Life Insurance Company, as a demonstration of a technique of planning health coordination. Miss Marjorie Craig, of Metropolitan's School Health Bureau and executive secretary of the committee, stated that 700 requests for 42,000 copies of the booklet have been received since its publication.

The Conference voted to proceed with another similar project, to define activities of school personnel in the field of health on the elementary level; and that a committee be appointed to investigate the high school area in regard to school health programs.

A report on the project on standardizing school health examinations was given by Dr. Fred V. Hein, representing Dr. W. W. Bauer, of

the American Medical Association. He stated that a report on School Health Appraisal Procedures had been submitted to the joint committee of the AMA and NEA. The report was the result of editing and amplifying three previous statements of the joint committee on health instruction of school children, health appraisal procedure during periods of emergency, and health objectives and instruction of school children.

Dr. Walter E. Hager, president of Wilson Teachers College, Washington, D. C., reported on the findings of the committee on health education for teachers. The purpose of the study of this committee is to enable teachers college faculties to prepare teachers who will share in meeting health and fitness needs of both children and adults. To accomplish this the first step is to create more enthusiasm among faculty members in regard to health programs. A five-year study to begin in the summer of 1948 was approved as outlined by Dr. Hager, five or six teachers colleges to be chosen to hold workshops of two weeks in the summer. A central advisory committee will be set up consisting of authorities in health education, and there will be national consultants to advise on health programs. These institutions should demonstrate what kind of work can be done, and results should be widely publicized by reports and publications.

The Conference also voted to undertake direction of study of a guidebook for school nurses, after Miss Bosse Randle, School Nurse Consultant, National Organization of Public Health Nursing, reported that it had been suggested to NOPHN that a committee be formed, consisting of various national agencies concerned with the services of the nurse in the school, to attempt to clarify thinking concerning the school nurse, and to develop and produce a manual as a guide to this group.

It was decided to hold at least two meetings of the Conference a year, and to continue present officers in office until the next meeting, to be held on December 11 and 12, 1947. Place of meeting to be announced later.

National Urban League Thirty-Sixth Annual Report.—William H. Baldwin, President of the National Urban League, opens its annual report for 1946 with a five-year review of the League's activities, and an announcement that Eugene Kinckle Jones has started assembling materials for writing a definitive history of this interracial movement from its inception in 1910. Special mention is made by Mr. Baldwin of the award of the President's Medal for Merit to Lester B. Granger, the League's Executive Secretary, for his work as head of a special mission studying interracial relations in the shore establishments of the United States Navy on the West Coast and in the Pacific Theater under combat conditions. His was the thirty-third award of this civilian honor and the first to any Negro.

The review further reports further nationalization of the League by establishment of new local units in nine cities, bringing the total of locals to 56 as compared with 47 at the end of 1941. . . . Creation of

the Two Friends' Award to recognize outstanding collaboration between a white and a Negro in working to advance the best interests of an American community. . . . Participation by Board and staff members in developing Sydenham Hospital as an interracial voluntary hospital.

The Report states that what the League sought during 1946 was to peg gains made in Negro welfare and race relations during the war, recoup losses and chart progress in the future on the basis of lessons learned during the war years. The Report further sets forth the functions, aims and operation of the League under *What It Is* and *How It Works*.

Officers of the NUL are Lloyd K. Garrison, *President*; Willard S. Townsend, *Vice-President*; Saide T. M. Alexander, *Secretary*; Mrs. Alfred H. Schoellkopf, *Treasurer*; J. Hollingsworth Wood, *Chairman*, *National Committee*. Headquarters are at 1133 Broadway, New York.

National Social Welfare Assembly Meeting.—The two-day spring meeting of the National Social Welfare Assembly was held May 5 and 6 at the Hotel Commodore, New York City. Mr. Fred W. Ramsey, Assembly President, presided at the first session, a luncheon meeting which had as its topic *America's Stake in Social Welfare* with C. M. Bookman, Chairman, Executive Committee, Community Chest of Cincinnati and Hamilton County, Ohio, as speaker. A business meeting followed. On the second day the luncheon meeting considered *Financing Social Welfare* with Basil O'Connor, Chairman, Central Committee, American National Red Cross and President, National Foundation for Infantile Paralysis, speaking. It was announced by the Assembly that twenty-eight national voluntary agencies will take part in a study on needs and methods of support for national programs.

Third National Conference on Health in Colleges.—Objectives of the Conference, held in New York City, May 7-10, are set forth in the program as follows:

1. To review the progress and status of health programs in colleges;
2. To identify and define the major health problems of college students and the responsibilities of the college administration for the health of students and others on the campus;
3. To suggest adaptable programs that will provide health education, physical education, health service and healthful environment for students during college years and in preparation for individual and community responsibilities;
4. To publish these recommendations in a suitable form to serve as a guide to administrators and others interested in college health.

This was the first Conference to be held since 1936, when the Second National Conference on College Hygiene was held in Washington, D. C., using the title under which the Conference was first organized in 1931, at a meeting at Syracuse.

The Conference was held under the immediate sponsorship of the American Student Health Association, the National Health Council, the Association of American Colleges, the American Association of

Teachers Colleges, and the American Association for Health, Physical Education, and Recreation. Other special agencies, including the ASHA, as well as general voluntary and official bodies in the fields of education and health, cooperated in the conference and in planning follow-up activities.

Dr. Walter Clarke, ASHA Executive Director, was Sponsor of *Section VI—Special Problems*. In this section was included the Committee on Social Hygiene of which Dr. John W. Ferree, Associate Executive Director, National Health Council (formerly ASHA Director of Education), was Chairman, and Dr. Mabel G. Leshner, ASHA Educational Consultant, was Secretary. Among other actions taken by the Committee was the changing of its name to Committee on Education for Family Living. Others of the ASHA staff taking part in the Conference were Dr. William F. Snow, Chairman ASHA Board of Directors; Dr. M. A. Bigelow, Chairman ASHA Education Committee, and Mrs. Betty A. Murch, Assistant Director ASHA Division of Education and Public Health.

Proceedings of the Conference will be published in book form in order that information on best practices in college health may be generally available to college administrators and health workers. The price of the Proceedings is \$2.00, and the program states that payment should accompany orders to be sent to Office of the Secretary, National Conference on Health in Colleges, 1790 Broadway (12th floor), New York 19, N. Y.

Dr. Barnes New President American Heart Association.—Dr. Arlie R. Barnes, Chairman of the Board of Governors of the Mayo Clinic, Rochester, Minnesota, was elected President of the American Heart Association, at its Twenty-third Annual Meeting in Atlantic City, New Jersey, June 6–9, succeeding Dr. Howard F. West of Los Angeles. Dr. Tinsley R. Harrison, Professor of Medicine, Southwestern Medical College, Dallas, Texas, was chosen as President-Elect to succeed Dr. Barnes for the 1948–49 term.

Other officers elected included Dr. Carl J. Wiggers, Cleveland, Ohio, *Vice-President*; Samuel Harrell, Indianapolis, President of the Acme-Evans Company, *Treasurer*; and Dr. Harry E. Ungerleider, New York City, *Secretary*.

National Society for the Prevention of Blindness Issues Report.—*Let There Be Light!* is the dramatic title of the Thirty-Second Annual Report of the NSPB, further dramatized by a symbolic cover illustration created by Rockwell Kent with his usual power and imagination. President Mason H. Bigelow's foreword message calls attention to the Society's continuous campaign to conserve sight and the fact that during 1946 its current and future program has been reviewed by a special committee, under the chairmanship of Professor Ira V. Hiscock, with a view to adapting its program to changing conditions and thus increasing the Society's usefulness. . . . The number of members and donors increased during the year from 37,650 to 40,350. . . . The retirement of Mrs. Eleanor Brown Merrill, executive director, on March 1, 1947, after more than twenty-five years' service is reported.

. . . Dr. Franklin M. Foote, formerly the Society's medical director, welcomed as new executive director—"We look forward with confidence to his successful administration."

Listed first under *Highlights of 1946* is the three-day Conference the Society held in November, 1946, in New York City. Approximately 400 leaders and workers in sight conservation attended, according to the report, representing 25 states and the District of Columbia, as well as Brazil, Canada, China, Egypt, England, Haiti, India, Iraq, Puerto Rico, and Syria. Subjects of various sessions included *The Vision Program of Industry, Developmental Eye Conditions in Children, Medical Advances in Restoring and Conserving Vision, Meeting the Need for Professional Personnel, New Light on Lighting*, and a dinner meeting address on *International Health Activities and the Part of the Voluntary Agency* by Dr. Wilbur A. Sawyer, UNRRA director of health.

Other Society activities are reported under *Scholarships for Sight Conservation, Industrial Eye Conservation Program, Institute on Eye Health, Research Activities, Participation in Nationwide Meetings* and *Summary of Finances*.

National Congress of Parents and Teachers Holds Golden Jubilee Convention.—Marking half a century of service to children and youth of America, the National Congress of Parents and Teachers met in Chicago, Illinois, June 2-4, for its Golden Jubilee Convention. The convention centered about the Four-Point Program, current blueprint of National Congress endeavor. Eminent speakers and able participants discussed the four major areas chosen for particular emphasis: *School Education, Health, World Understanding, and Parent and Family Life Education*, according to plans announced by Mrs. L. W. Hughes, President.

Professor Joseph K. Folsom, professor of sociology at Vassar College, was the principal speaker at the latter session, and other participants in this program included, Bonaro W. Overstreet, author and lecturer; S. R. Laycock, president, Canadian Federation of Home and School; Leland Foster Wood, secretary of the Commission on Marriage and the Home, Federal Council of Churches, and Robert G. Foster, director, family life department, Merrill-Palmer School, Detroit.

Surgeon General Thomas Parran was the featured speaker at the session on Health, and participants included Hortense Hilbert, board member NOPHN, Dr. W. W. Bauer, director, Bureau of Health Education, American Medical Association, and Dr. George S. Stevenson, medical director, National Committee for Mental Hygiene.

Child Study Association Report for 1946.—"Parent education is on a rising tide—this is our pervasive feeling as we think back over the past year," is the opening statement of the Annual Report of the Child Study Association of America—1946, by Sidonie Matsner Gruenberg, Director. She goes on to say, "It has taken a generation or more for fathers and mothers, in any large numbers, to acknowledge that they had anything to learn. Today almost everyone is prepared to admit

both ignorance and confusion concerning a thousand daily problems about which yesterday's parents rarely felt any doubts. . . . Today the importance of the family and its needs is so generally recognized that all sorts of groups, agencies and individuals are getting on the 'parent education' bandwagon. . . .'

Activities of the Association are reported under two main headings—*Headquarters*, and *National and International Cooperation*. Under *Headquarters* information is given on *Family Counseling Service, Study Groups, Lectures, Committees*, which includes Bibliography, Children's Books, Radio, Parent Education Radio Committee, *Library, Speakers' Bureau, School and Camp Information Service, Cooperation with Local Agencies, Publications*. Under *National and International Cooperation* are considered the *Annual Conference* (March 4, 1946—*Education: The Family's Stake in Its Future*), *Cooperation with Other Agencies, Committee Representation, Consultation, Publications and International*.

A feature of the CSA's spring program was a series of weekly lectures on family life given during April and May in New York under the auspices of the Family Counseling Service Committee.

Rural Health Conference Held in Chicago.—The Second Annual Conference on Rural Health Service as previously announced in the *JOURNAL* (January issue) was held in Chicago, Illinois, February 7-8. The purpose of the meeting, according to Dr. F. S. Crockett, Chairman of the American Medical Association's Committee on Rural Medical Service which arranged the Conference, was "to give the farmer and doctor an opportunity to exchange views regarding many questions of vital importance in developing better health service in rural communities." The ASHA was represented at the Conference by Dr. Franklin R. Fitch, Educational Advisor, Illinois Social Hygiene League.

About 350 attended the meetings, including representatives of farm organizations, health education leaders, state education superintendents, state health departments, representatives, and medical college deans. The Conference was chiefly concerned with (1) *Methods of Bringing and Holding Doctors in Rural Areas*, (2) *Hospital Facilities and Health Centers for Rural Areas* and (3) *Voluntary Medical Pre-payment Plans*.

In the first field it was pointed out that the most important things were to improve roads, to make hospital facilities available, to provide office facilities either in a rural health center building or otherwise, and in some cases to give a subsidy either in the forms of free rentals or perhaps in cash. However, it was thought no plan would be satisfactory unless the community were made attractive to the doctor's wife through better shopping facilities, amusements, etc. Thus, any real progress toward bringing in doctors would be through a long-term plan of community improvement. One suggested aid was to sell the idea of general practice, and particularly of rural practice, through stressing the subject in medical schools and through starting a system of rural "internships" in which senior medical students might learn, and perhaps earn, by assisting country practitioners.

In considering hospitals and health centers for rural communities, it was suggested using the latter as health education centers, with physicians and public health nurses as educators.

The third topic elicited discussion of relative merits of public versus private administration of prepayment plans for medical care. The majority present favored plans locally administered or under private management.

Colonel Blanchfield Honored by Red Cross.—The American National Red Cross award in recognition of "exceptional service on behalf of humanity rendered through the Red Cross" was presented to Colonel Florence A. Blanchfield, retiring Superintendent of the Army Nurse Corps, in Washington, D. C., on April 11th. In the absence of Chairman Basil O'Connor, Dr. G. Foard McGinnes, operating vice-chairman for Health Services, presented the award to Colonel Blanchfield at a tea given for her at the Washington Club. Colonel Blanchfield, who will soon complete her active service, has taken part in Red Cross nursing activities since 1917 when she enrolled as a Red Cross nurse for service in World War I.

Norton Medical Award Invites Manuscripts.—The W. W. Norton & Company of New York City is again offering the Norton Medical Award for book manuscripts written for the lay public by professional workers in the field of medicine. Terms of the Award have been slightly altered—the publishers now set no final closing date for the submission of manuscripts which may be submitted at any time, the Award not being limited to any one year. The Norton Award offers \$5,000 as a guaranteed advance against royalties and was established for the purpose of encouraging "writing of books for the general reader by professional workers . . . to encourage writing which relates medicine to society and demonstrates the spirit that inspires and sustains men of medicine in their work. . . ."

Books that have previously won Norton Medical Awards are *The Doctor's Job* by Carl Binger, M.D., *Doctors East, Doctors West* by Edward H. Hume, M.D., and *A Surgeon's Domain* by Bertram M. Bernheim, M.D. A descriptive folder giving full details of the terms of the Award may be secured on request from the publishers, W. W. Norton & Co., Inc., 101 Fifth Avenue, New York 3, N. Y.

G. Howland Shaw Wins Medal for Delinquency Work.—A gold medal for outstanding service in the prevention of delinquency was recently awarded to Gardiner Howland Shaw, president of the Welfare Council of New York City, by the Boys Exposition, of which Albert D. Hines is Executive Secretary. The Reverend Ralph W. Sockman, pastor of Christ Church, New York, made the presentation at a luncheon at the Advertising Club.

Expressing alarm over the "growing number of confused and frustrated youngsters," Mr. Shaw said the "deterioration of the family and the school system" were contributing factors toward delinquency. Another contributing factor to the problems of youths between the ages of 15 and 17, Mr. Shaw said, was the current "period of growing racial and religious tensions."

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension
American Social Hygiene Association*

California: San Francisco Has Family Life Conference.—A Cooperative Conference on *Family Life, Health, and Social Relations* was held in San Francisco on May 22, by the Ministers' Fellowship of the San Francisco Council of Churches and the City and County of San Francisco Department of Public Health. The impetus behind this meeting and the purpose of it are stated in a program note as follows:

“Changing social conditions have placed a tremendous strain upon marriage and the family, the basic institutions of human society. The resulting conflicts and emotional unsettlements are reflected in an alarming increase in juvenile misbehavior, divorce, mental disorders, and venereal disease rates which are the highest in our national history. It is the purpose of this conference to exchange ideas concerning these problems, and it is planned so that those in attendance may participate in the program and exchange ideas during the discussion periods.”

Program Chairman was the Rev. Clifford H. Jope, First Christian Church, President, San Francisco Council of Churches. After a welcome by Dr. J. C. Geiger, Director of Public Health, City and County of San Francisco, the program proceeded including the following topics and speakers:

Community Aspects of Human Relations Education and Venereal Disease Control, Dr. Richard A. Koch, Chief, Division of Venereal Diseases, City and County of San Francisco Department of Public Health; *The Church's Role in Human Relations Education in the Family*, the Rev. W. Edgar Gregory, Director of Research and Survey, Northern California Council of Churches; *The Church's Role in Human Relations Education of the Child*, the Rev. Ray V. Pedrotti, Westminster Center Presbyterian Church; Arthur C. Painter, Health Educator, City and County Department of Public Health, Chairman, Discussion Period; *The Parents' Need for Assistance in Human Relations Education*, Mrs. George A. Hindley, President, San Francisco Second District California Congress of Parents and Teachers; *The Emotional Problems of the Home*, Dr. Benno Safier, Psychiatric Service, San Francisco City Clinic; *Changing Responsibilities of the Church*, the Rev. Shirley T. Sherrill, First Methodist Church; the Rev. Hughbert H. Landram, Executive Secretary, San Francisco Council of Churches, Chairman, Discussion Period; the Rt. Rev. Karl Morgan Block, Bishop of the California Diocese, Protestant Episcopal Church, Chairman, luncheon meeting; luncheon speaker, Dr. Walter H. Brown, Professor of Hygiene, Emeritus, Stanford University and Professor of Public Health, Emeritus, University of California, *The Widening Horizon of Responsibility*.

California: Institute of Family Relations Holds Conference on Divorce.—An all-day Conference on Divorce was conducted by the American Institute of Family Relations at Los Angeles, on May 9. Dr. Arthur Coons, President of Occidental College, presided at the morning session and Mrs. James K. Lytle, member of the Advisory Board, California Youth Authority, at the afternoon program which included:

Colleges Can Help Reduce the Divorce Rate, Dr. Lynn T. White, Jr., President, Mills College; *Raise a Bigger Crop of Good Husbands*, Dr. Paul Popenoe, Director The American Institute of Family Relations; *A Divorce Attorney Recommends*, S. S. Hahn, Los Angeles Attorney; *Strengthen the Weak Spots in Our Marriage Philosophy*, Dr. Ray E. Baber, Professor of Sociology, Pomona College; *Preparation for Marriage Should Begin in Childhood*, Mrs. Frances Bruce Strain; *The Churches Must Be Heard*, Dr. Gordon Chapman, Westwood Community Church; *A Plan for Immediate Action*, Mrs. Lytle.

California: New Social Hygiene Society in Sacramento.—A group of twenty-four prominent representatives of health, welfare, school, church, youth, law enforcement and other agencies recently initiated organization of the Sacramento Social Hygiene Society, according to word received from the Reverend Theodore C. Abell, First Unitarian Society, Chairman of the new group.

Other officers elected at the organization meeting are: Vice Chairman, Leo Rosenhouse, V.D. Inspector, City Clinic; Secretary, R. Allen Haney, Executive Secretary, Community Welfare Council; Treasurer, Mrs. B. E. Eastburn, President, Sacramento Women's Council.

Connecticut: Bridgeport Social Hygiene Committee Reports 1946 Activities.—A main feature of this committee's program, as stated in its attractive Annual Report, has been the *Home Study Course on Social Hygiene Guidance*. The Course, consisting of six lessons, with two lessons discussed at each meeting under the leadership of a trained person, has been offered to organized groups such as parent-teacher associations, residents of housing projects, and club groups. The first *Home Study Course* was conducted in May, 1945, by Dr. Mabel Grier Leshner, ASHA Educational Consultant, and was attended by 130 members of the Sherman and Lincoln Parent-Teacher Association in Fairfield. Since then courses have been given for Marina Village, Beardsley PTA, Yellow Mill Village, and Black Rock PTA. In the fall of 1946, when Dr. Leshner conducted the course in Fairfield, approximately 300 parents attended the afternoon and evening sessions. It is conservatively estimated that a total of 800 parents have attended this series of lectures.

Other activities include displaying posters in over fifty drug stores and distribution of over 20,000 leaflets. Talks have been given to many groups and members of the clergy have devoted sermons to social hygiene. The Chamber of Commerce officially endorsed the program at one of their meetings. Fifteen-minute monthly radio talks are scheduled over WNAB at 7:15 and WICC at 3:30. Members of the Social Hygiene Committee as well as authorities in this field participate in the programs.

The Bridgeport Committee, consisting of representatives of the Bridgeport Health Department, Council of Social Agencies, Visiting Nurse Association, Bridgeport Druggist Association and Connecticut Tuberculosis Association, first met in January, 1945, to formulate a broad and continuing program in the Bridgeport area. Later the group was enlarged to include representatives of education, law enforcement, labor, management, dental and medical societies, clergy,

civic groups, parent-teacher associations and housing covering the City of Bridgeport and towns of Fairfield and Stratford.

As a result of the interest and activity, the Fairfield Social Hygiene Committee has been formed, with Mr. Ralph Gentile, Past President Connecticut Pharmacy Association, serving as Chairman. In addition, committees on youth activities and industry have also been organized. Each of these groups is planning to carry on a program directed toward its particular need. The Committee believes from its experience in this first year that education along social hygiene lines will bring rich rewards in better community living.

Officers of the Committee are: Dr. Richard O. B. Shea, Health Officer, Advisory Chairman; Dr. Louis Kazin, Druggists' Association, Chairman; Miss Jeanette Evans, Health Educator, Visiting Nurse Association, Secretary.

District of Columbia Social Hygiene Society Annual Report.—*Social Hygiene News and Views*, Executive Secretary R. H. Everett's monthly communique to members and friends, summarizes in the May issue the major contributions made by the Society to Washington health and welfare during the past year. A few excerpts:

"First of course come the statistics, though, in our opinion, they furnish the least adequate of criteria for measuring the Society's usefulness. Conferences with national and District officials, wherein vital policies are considered and influenced, often have far more of lasting benefit for Washington than would a like number of lectures. The former, unfortunately, can't be translated into statistics.

"Then, too, there are many gratifying 'teamwork' statistics wherein the Society has an important partial share, such for example as the notable decreases in late syphilitic cases at St. Elizabeth's and the constant lowering of congenital syphilis rates in the District . . . medicos were kind enough to credit the Society's public educational program—year in and year out—with being a major factor in awakening people to the grave importance of securing prompt and early treatment from reliable sources. . . .

Lectures—Health, Sex Education, Marriage Guidance, and Law Enforcement	177
Total Attendance	21,720
Personal Service (consultation on individual basis)	2,430
Education by Publicity	
Radio Broadcasts	17
Newspaper Articles (inches of space)	1,720
Pamphlets Distributed	21,420
Books Lent	621
Exhibits	34

"This year's marriage counsel clients numbered 608, as compared with 543 last year. About 65 per cent were government employees. Religious affiliations were, approximately, Protestant—45 per cent; Catholic—30 per cent; Hebrew—14 per cent; non-religionists—11 per cent. Experience continues to show the practicing religionists better equipped to handle their marital difficulties in most cases. As was noted last year, they have better nurtured ethics and are less insistent on elevating personal 'rights' and 'needs' to the detriment of essential teamwork."

Officers and Board Members for the current year are:

William P. Herbst, M.D., President; Captain Rhoda J. Milliken, 1st Vice-President; Albert W. Atwood, 2nd Vice-President; Judge Fay L. Bentley, Secretary; George W. Creswell, M.D., Treasurer.

Edith S. Coale, M.D., Paul B. Cornely, M.D., Lewis C. Ecker, M.D., V. L. Ellicott, M.D., F. H. Kenworthy, Robert Scott Lamb, M.D., B. M. McKelway, Watson Miller, Merlo J. Pusey, Vincent Saccardi, Esther Scott, D. L. Seckinger, M.D., Mrs. Walter Ufford.

Birch Bayh, Mrs. P. C. Ellett, Dorothy B. Ferebee, M.D., Russell J. Fields, M.D., Mrs. Julius Lansburgh, Mrs. George Cabot Lodge, John O'Rourke, Winfred Overholser, M.D., Mrs. Eleanor Patterson, Mrs. Stanley Reed, Joseph Sanders, G. C. Wilkinson.

Ralph G. Beachley, M.D., James V. Bennett, Mrs. Henry G. Doyle, James Harold Fox, Henry H. Hazen, M.D., J. R. Heller, M.D., M. W. Ireland, M.D., Elizabeth Kittredge, M.D., Ella Oppenheimer, M.D., Lida J. Usilton, Mrs. Eleanor N. Walker, W. W. Wheeler.

The report lists some 50 others as "committee members and consultants", and concludes with a paragraph which well describes the broad scope and widely cooperative nature of the Society's work:

"To Some Mighty Nice People—Detailed mention of all the individuals and organizations working for social hygiene progress in Washington would add pages to this summary. But we shall list a few merely as a token of general appreciation. Thanks, then, to the Society's officers and board and committee members; to the D. C. Departments of Health, Education and Police; to the Public Library; to the D. C. Congress of Parents and Teachers; to the universities and religious leaders; to the press and radio (whose informational publicity has been better than ever—both in quality and quantity); to the Community Chest army, particularly, those who comprised the Social Hygiene Unit; to the American Social Hygiene Association and the U. S. Public Health Service; to the D. C. Medical Society and the Medico-Chirurgical Society; to the Council of Social Agencies; and to all our colleagues who are seeking and working for a happier, healthier, more tolerant humanity."

Georgia Conducts TB-VD Survey in Colquit County.—The April, 1947, issue of *Georgia's Health*, published by the Georgia Department of Health, gives an account of a 22-day syphilis-tuberculosis drive in Colquit County. While similar surveys had been conducted in Savannah, Columbus, Macon, and Augusta, this was the first attempt in a rural-type community.

A mass meeting of Moultrie civic clubs started off the drive. In less than two weeks, 13,000 persons volunteered for TB-VD tests in a \$22,000 joint state-county health survey.

Know for Sure was the slogan publicized over the radio, in the newspapers, by sound truck, by handbills, and with lamp-post signs erected around the town square in Moultrie. Funds for the publicity campaign were raised by the local Kiwanis Club.

Illinois: Association for Family Living Reports.—Dr. Lester A. Kirkendall, Director, reviews the Association's work of the year in *May News Letter*:

"The group work program in child guidance and parent education continued to grow. This year brought an increase of 245 in the number of groups, making a total of over 700 groups served. . . . The group work program with youth has also shown continued growth, especially courses in preparation for marriage. Some 20 such courses were offered through church, school, settlement, and 'Y' groups. . . .

"Courses at headquarters dealing with specialized problems have had a successful year. Most spectacular was attendance, averaging 180, at the course *The Adopted Child and His Parents. Growth and Development from Infancy through Adolescence* proved popular and was so well received it will be offered next year. *Discussions on Marriage Education and Counseling* were offered in cooperation with the Church Federation of Greater Chicago and the Council of Social Agencies of Chicago. Designed for ministers, social workers, and other youth leaders this course, with an average attendance of 175, stimulated concern for a better program of marriage education and counseling in Chicago. . . .

"The counseling service . . . has averaged about 78 consultations a month in 1947 as compared with an average of 28 a month for the same period in 1946, and has dealt with child guidance and marital problems. . . . Three new staff members, several new resource people, and an additional secretary have been added to the staff. . . .

"Two trends of interest have become evident during the year. First, the increasing recognition of the paramount importance of strengthening the family as a preventive measure . . . and increasing emphasis on marriage education and preparation for marriages. . . . A second trend has been the increasing evidence of masculine interest in the family and its adjustments. . . . This year interest resulted in the formation of our first 'all-fathers' group. Some thirty men working with Shure Bros. Manufacturing Company formed a group which met after hours for discussion of problems of family adjustment from the masculine point of view."

Kansas: Dr. S. L. Cox Executive Secretary TB and Health Association.—The Kansas Tuberculosis and Health Association has announced that Dr. Seth L. Cox, its Medical Director for the past four years, is now Executive Secretary, succeeding Dr. C. H. Lerrigo. The Kansas Association for long has been an ASHA cooperating agency, and Dr. Lerrigo and his staff among good friends of social hygiene.

Kentucky: Report on Louisville Blood-Testing Campaign.—The recent Louisville demonstration of community case-finding, according to Dr. John R. Pate, Division Director of Venereal Disease Control, Louisville State Department of Health, and Judson Hardy, Consultant, Venereal Disease Division, U. S. Public Health Service, differed from the usual mass testing program in that it stressed symptoms and offered examinations only to persons who believed they had such symptoms. To some extent publicity media were selected on the basis of their circulation among high incidence groups. In other words an effort was made to create a high index of suspicion among high incidence groups, to motivate infected individuals to seek examinations and to make examination and treatment easily available.

During the 38 days of actual operation of the survey 6,826 people were examined, revealing 2,280 patients with acute gonorrhoea, 855 with early syphilis, and 125 with primary and secondary syphilis. None of these patients had previously been examined.

Minnesota: A. Whittier Day Gets Newspaper Award.—In recognition of his long-continued contribution to the upbuilding of the State, A. Whittier Day, president of the Minnesota Welfare Conference, has been presented the *Minneapolis Star and Tribune Award for Leadership in Minnesota*. Presentation of the award, consisting of a watch

pendant inscribed *For Leadership in Minnesota* and a framed certificate, was made at the annual convention of the Minnesota Welfare Conference in Minneapolis on May 5, 1947.

Missouri: Kansas City Has Family Life Institute.—P. K. Houdek, Executive Secretary of the Kansas City Social Hygiene Society, reports real success for the Family Life Institute held in Kansas City April 28–May 3. Joining in sponsorship were the KC Family Life Council, the Family and Child Welfare Council of the KC Council of Social Agencies, with 54 community groups and agencies cooperating. Mayor and Mrs. William E. Kemp served as co-chairmen. Mr. Houdek served as Chairman of the Institute Steering Committee, and the Speakers Staff included:

Dr. Clifford Adams, *Director, Marriage and Counseling Service, Pennsylvania State College*; Dr. C. Charles Burlingame, *Associate Professor, Columbia University and Chairman of the Committee on Public Education, American Psychiatric Association*; Dr. Muriel Brown, *Consultant, Family Life Education, U. S. Office of Education*; Dr. Benjamin Gruenberg, *author and lecturer in the field of human relationships and education, formerly of the ASHA staff*; Miss Ethel Kawin, *Specialist in Child Guidance and Education—lecturer, University of Chicago*; Miss Muriel Lester, *Lecturer, former Director of Kingsley Hall, East End, London*; Rev. A. H. Scheller, S.J., *Director, School of Social Service, St. Louis University.*

There was a total of thirty-four meetings with a total attendance of 7,419 including high school students, college students, parents, teachers, ministers and professional workers. Among the most popular program features were the seminars for school personnel and counselors, which were of such interest that the groups will continue discussions in order to work out constructive efforts in their special fields. An Evaluation Conference following the Institute summed up the Institute's service to the community, and provided constructive suggestions for the future. Plans are under way for another Institute in 1948. The Institute budget of about \$1,400 was raised through individual and group donations plus seminar fees, which included course and single admissions.

The program and a summary report may be secured by writing to the Kansas City Social Hygiene Society, Room 404, 1020 McGee Street, Kansas City 6, Missouri.

Missouri: Dr. Harriet S. Cory Honored as "Woman of Achievement."—By proclamation of the Mayor, May 28 was designated *St. Louis Women of Achievement Day* and tribute was paid to 48 St. Louis women selected by the Group Action Council of Metropolitan St. Louis, which represents twenty-five business and professional women's clubs. Among those so honored was Dr. Harriet Stevens Cory, Executive Director of the Missouri Social Hygiene Association, and an ASHA Honorary Life Member, who was cited because of her planning and execution of the Association's public health work as well as her social hygiene educational programs for parents and youth groups. At the end of a four-hour reception, dinner and entertainment, 832 women gave a standing ovation to the *Women of Achievement* honor guests. St. Louis newspapers gave the event considerable attention and news space, carrying pictures of some of the outstanding honor guests, including Dr. Cory.

New Jersey: Middlesex Social Hygiene Group Holds Marriage Counseling Institute.—The goal of the Social Hygiene Education Program of the Middlesex County Tuberculosis and Health League, of which Louis B. Migliorini is President, is a well rounded and well adjusted family life, and in furtherance of its program the Middlesex group conducted an *Institute on Marriage Counseling*, consisting of five weekly lectures given at the Emanuel Lutheran Church, New Brunswick, each Thursday from May 8 through June 5, including the following topics and lecturers:

What Is Marriage Counseling?, Clifford Adams, Ph.D., Director Marriage Counseling Service, Pennsylvania State College; *The Physiological Aspect of Marriage*, Dr. Spurgeon English, Professor of Psychiatry, Temple University School of Medicine; *Economic and Social Factors of Marriage*, Joseph K. Folsom, Ph.D., Professor of Sociology, Vassar College; *Psychological Adjustments in Marriage*, Dr. Robert Laidlaw, Secretary, American Association of Marriage Counselors; *Spiritual and Intellectual Values in Marriage*, Leland Foster Wood, Ph.D., Commission on Marriage and the Home, Federal Council of Churches of Christ in America.

New York Health Commissioner Dr. E. S. Godfrey, Jr., Retires.—The distinguished record of Dr. Edward S. Godfrey, Jr., who retired May 1 as State Commissioner of Health, exemplifies to a high degree the services for nearly thirty years of a "career man" in public health, recognized by New York Governors and Legislatures and by the highest honors from numerous professional and non-official groups with which Dr. Godfrey has been associated. In a tribute, written especially for the State Charities Aid Association's *News*, Homer Folks, former SCAA Secretary, says, in part:

"Dr. Godfrey, State Health Commissioner for a decade—a longer time than any predecessor . . . has been an increasingly effective officer and leaves the department a 'going concern', gaining steadily in technique, in the soundness of values and of judgment as to relative values in measurement of results secured and in a sense of unity and coherence. . . . Local health services, the state, and Federal Health authorities will be indebted to Commissioner Godfrey for many future years."

New York: Annual Conference TB-Health-Welfare of S.C.A.A. Committees.—The Annual Meeting and Conference of the State Charities Aid Association's State Committee on Tuberculosis and Public Health, was held in New York City on May 16. A feature of the Conference luncheon was a testimonial to Homer Folks in appreciation of his forty years of leadership as Secretary of the State Committee, presented by Peter Cantline, of Newburgh, Chairman of the State Committee. Text of the scroll presented Mr. Folks read as follows:

"The State Committee on Tuberculosis and Public Health of the State Charities Aid Association in annual meeting assembled in New York City on May 16, 1947, presents this scroll to Homer Folks in grateful recognition of his continuous leadership to the State Committee during forty years of service until his recent retirement as Secretary and of his superb statesmanship shown in advancing the causes with which the State Committee is concerned; the prevention and reduction of tuberculosis, of the venereal diseases and of diphtheria; and the promotion of constructive health legislation, of public health education, and of effective governmental organization in tuberculosis and public health on state, local and national

levels. We cherish deeply the privilege of having been associated with him in these activities and in many others through which he has contributed so helpfully to the welfare of mankind.

“PETER CANTLINE, Chairman

“GEORGE J. NELBACH, Executive Secretary”

Health Council of Greater New York Seeks Master Plan.—A master plan for voluntary health agencies in New York City, designed to assure maximum service by all such agencies in cooperation with official agencies, will be worked out by a committee of the Health Council of Greater New York. Dr. I. Ogden Woodruff, president of the council, announced that he had appointed Dr. Howard Reid Craig, director of the New York Academy of Medicine, and Bailey B. Burritt, president of the N. Y. Tuberculosis and Health Association, as co-chairmen of the new committee, with Dr. Thomas D. Dublin, professor of Preventive Medicine and Community Health at the Long Island College of Medicine, as associate chairman.

New York: Social Hygiene Institute for Youth Leadership Held in Harlem.—Sponsored by the Central Harlem Health Center, New York City Department of Health, the Central Harlem Council for Community Planning, the Baptist Ministers Conference of Greater New York and Vicinity, the Interdenominational Ministers Alliance, the Harlem Tuberculosis and Health Committee, and the Harlem Council on Social Hygiene, Inc., a Social Hygiene Institute for Youth Leadership was held at the Central Harlem Health Center Auditorium in New York City April 8–May 20, 1947. Registration fee of \$1.00 was charged for the seven sessions and a certificate awarded to those who completed the course. About forty youth leaders enrolled and the Institute proved so worthwhile and successful that it is to be repeated in the Fall. Topics under consideration were:

1. *Social Hygiene as an Aspect of Community Health*
2. *Growth and Development in the Teen-Age and Young Adult Years*
3. *Medical Aspects of Syphilis*
4. *Medical Aspects of Gonorrhoea and Some of the Other Venereal Diseases*

Sessions 5–7 were conducted as group discussions to consider opportunities of workers and agencies to integrate into their work, activities and services related to the field of social hygiene, and personal problems faced by young people in the community and ways of helping to meet them.

5. *Opportunities of Group Workers for Guidance.* Opportunities through integrated programs to provide channels affording healthy relationships.
6. *Opportunities of Group Workers for Personal Guidance.* Situations confronting workers, skills required in meeting them, securing help from other professions and from qualified community agencies.
7. *How You Can Do It.* Discussion of ways in which information and techniques acquired during the course may be used and applied by community youth leaders in their own groups.

Further information on the Institute is available from Harriet Ida Pickens, Executive Secretary, Harlem Council on Social Hygiene, 2238 Fifth Avenue, New York 35, N. Y.

New York: Health Education Institute Held at State Teachers College.—The Second Annual Health Education Institute sponsored by the Division of Physical and Health Education, State Teachers College, in cooperation with the Division of Health and Education, State Education Department, New York; Division of Secondary Education, State Education Department; Division of Health Education, Department of Health; Department of Health, Cortland County; Onondaga Health Association, Syracuse; Department of Athletics and Physical Education, Syracuse University; and New York State School Nurse Teachers Association was held at State Teachers College, Cortland, New York, May 23–24, with the theme *Methods and Materials for Health Education in the Secondary School*.

New York City: Conrad Van Hyning Joins Welfare Council Staff.—Miss Dorothy C. Kahn, Executive Director of the Welfare Council of New York City, has announced the appointment of Conrad Van Hyning, Deputy Director of the Office of Inter-Agency and International Relations of the Federal Security Agency in Washington, D. C., as Assistant Executive Director of the Council, effective May 1st. He will assist in planning and coordinating health and welfare programs of the more than 400 agencies, members of the council, which on May 14 celebrated the twenty-second anniversary of the organization.

Mr. Van Hyning received his early training in the Charity Organization Society of New York City and served with the New York State Temporary Emergency Relief Administration, from 1932 to 1935 when he was appointed Florida State Commissioner of Welfare. He served with UNRRA for two years, including a year as director of Welfare and Repatriation, European Regional Office, London. Previously, he was director of Public Welfare for the District of Columbia and director of the Federal Security Agency Caribbean Area Office, with headquarters in Puerto Rico, where he served as Program Committee Chairman for the Social Hygiene Regional Conference held in February, 1944.

New York City: Dr. John L. Rice Elected President PHA.—Former Health Commissioner of New York Dr. John L. Rice was elected President of the Public Health Association of New York City, at the annual meeting of the Association on June 2. Other officers elected were Miss Helen Crosby, First Vice-President, Dr. Jacob A. Goldberg, Second Vice-President, and Charles A. Freck, Secretary-Treasurer. Frank Kiernan was elected Representative to the Governing Council of the American Public Health Association.

New York: Pauline Williamson Honored by Educators.—Miss Pauline Brooks Williamson, who retired recently as chief of the school health bureau of the Metropolitan Life Insurance Company, which she had directed since 1925, was honored by leaders in school health education at a reception in the Gramercy Park Hotel on May 6.

A former state supervisor of rural health work in Virginia, Miss Williamson has participated in the development of health education literature and served as a consultant in school health education in Federal, state and local health programs throughout the country.

Miss Williamson will remain as a member of the advisory educational group of the life insurance company in connection with its school health activities. Miss Marjorie L. Craig, assistant for the last three years, succeeds her as director.

New York: Seneca County Committee Enlists Community Cooperation.—Miss Ruth A. Page, executive secretary of the Seneca County Committee on Tuberculosis and Public Health, has prepared for distribution in Seneca County a list of social hygiene materials. An introductory paragraph says:

“Are you wondering how to answer those questions every child with normal curiosity will ask? Have you been looking for a book to present to the teen-age boy or girl to give him accurate information and guidance? If so, this list of books prepared from publications approved by the American Social Hygiene Association may be of special interest to you. These books may be borrowed by individuals, or a complete exhibit provided for a meeting of a club or organization of which you are a member.”

According to Miss Page, the books and leaflets have been enthusiastically received by groups and parents. Many groups have purchased their own library of books for distribution in their communities. The Presbyterian Church in Waterloo had the display three times and in an attractive folder on “Recommended Books for Gifts” included many social hygiene books.

The use of a loan library while not unique, is most certainly a helpful service and one which even the smallest society can render to its community at a nominal cost.

New York: Social Workers Consulted by Women Arraigned in Court.—Miss Dorothy Koelsch, executive director of the Women’s Prison Association of New York, commenting on the Association’s 102nd annual report, declared that one out of five women awaiting arraignment in the Women’s Court voluntarily consults the social worker of the Women’s Prison Association and the Isaac T. Hopper Home. The social worker, Miss Ruth F. Weinberg, who has been working in the court since fall at the invitation of the judges and probation department of the Magistrates’ Court, sees 60 of the 300 women and girls brought there each month for prostitution. Many of the girls are first offenders and the object is to get to the girl and help her before she is reached by the commercialized prostitute in the detention pen.

The Isaac T. Hopper Home, a non-sectarian, aftercare agency for girls and women who have gone through the courts or correctional institutions, has assisted 1,005 persons during the past year at a cost of \$34,816. The Association is supported by private contributions.

Ohio: Social Hygiene Society Formed in Sciota County.—Social Hygiene activities in Sciota County, formerly carried on by the Sciota County Tuberculosis and Health Association, will now be conducted by the Sciota Social Hygiene Society, organized in May with the following officers: President, Mrs. Walter T. Grubb; Vice-President, Frank Allen, Jr., D.D.S.; Secretary-Treasurer, Mrs. Orla L. Morgan, R.N.

The ASHA congratulates the new group on its excellent set-up and is happy to count the Society among its Society Members of the Association.

Rhode Island Family Life Essay Contest Results Receive Wide Attention.—Announcement on April 22, of the winners and presentation of certificates in the Rhode Island Social Hygiene Association's essay contest on family relationships for Rhode Island young people created wide public interest and received unusually good space in Providence newspapers. Contestants were given a choice of two essay topics: *For Happier Families Make Your Children Your Friends*, and *For Happier Communities Make Your Children Your Friends*.

Certificates of award were presented by Governor John O. Pastore to the two boys and two girls who wrote winning essays: Linda L. Bernhard, 16, Cranston; Ann Hadfield, 13, Providence; Elmer V. Devolve, Jr., 17, Edgewood, and Walter Ortner, 17, Cranston. Only three awards had originally been offered, but the excellence of the entries necessitated the inclusion of a fourth. Pictures of the Governor presenting the awards appeared in newspapers, together with accounts of the contests and the prize—a plane trip to Washington, D. C., where the winners were met by Rhode Island Senators Theodore Francis Green and J. Howard McGrath and given a three-day holiday tour of the nation's capital. The Providence *Evening Bulletin* devoted nearly an entire page to the contest, publishing two of the winning essays along with the writers' picture, and a three-column article about the contest by a staff writer who used liberal quotations from various essay entries.

Wisconsin Loses Dwight M. Warner in Fatal Accident.—His many friends in the social hygiene field were shocked to learn that Dwight M. Warner, lecturer in social hygiene for the Board of Health of the State of Wisconsin since 1929, died Monday, March 24, 1947, when his car crashed into a truck near Mt. Horeb, Wisconsin, during a blizzard. Mr. Warner was born in 1900 at Whitewater, Wisconsin, and was educated at Whitewater State Teachers College, the University of Wisconsin, and Cambridge University in England. He was well known to the men and boys of Wisconsin through his extensive talks and conferences, and his social hygiene writings have reached a national audience.

taken regarding international traffic in women and girls (see page 236, May JOURNAL) and the assumption of this responsibility by the UN Secretariat's Department of Social Affairs, Mr. Adolph Delierneux, Assistant Director of the Department's Division of Social Activities, called a small group together for conference on May 21 in New York. Present with Mr. Delierneux and Mr. Tennfjord of the Division were Miss Henrietta Additon, Superintendent, Westfield Farms, Bedford, N. Y., Captain Rhoda Milliken, Director Women's Bureau, Metropolitan Police Department, Washington, D. C., Mr. Arthur B. Spingarn, of New York City, and Bascom Johnson, Senior Legal Consultant, American Social Hygiene Association and a member of the ASHA Committee on International Relations and Activities.

With Mr. Johnson serving as chairman, the group considered informally at this meeting and another later session the actions deemed necessary at this time to confirm and renew the cooperative relations regarding this problem which existed under the League of Nations, and for which the UN now becomes responsible. The JOURNAL will hope to publish further reports of the "working party" activities as developments occur and space permits.

News of the International Agencies

Pan American Union Has New Director General.—Alberto Lleras Camargo, of Colombia, was elected on March 12 as director general of the Pan American Union, at a meeting of the Union's governing board in Washington, D. C. Dr. Lleras Camargo succeeds Dr. Leo S. Rowe, who was killed in a traffic accident in Washington on December 5 last.

The new director is the first South American to head the Union, which was served by Dr. Rowe as director general for more than 25 years. A former president of the Republic of Colombia, he is well acquainted with the interests and problems of the other American republics, and has spent much time in Washington, where he will now be located.

The Union's governing board, which consists of representatives of the twenty-one republics, is to be congratulated on the selection of a capable and worthy successor, who it is believed may be counted on to carry forward in the high tradition set by Dr. Rowe during his long service.

The April *Pan American Bulletin* devoted its entire space to an impressive and affectionate memorial tribute to Dr. Rowe's leadership.

Dr. Cumming Becomes Director Emeritus of the Pan American Sanitary Bureau.—Another important change in personnel took place among the agencies working with the Pan American Union, When, at the Twelfth Pan American Sanitary Conference, in January at Caracas, Venezuela, Dr. Hugh S. Cumming, Bureau Director since 1920, was elected Director Emeritus.

The February issue of the Bureau's *Boletin* devotes its space ordinarily occupied by technical health articles to a warm and well-deserved group of tributes to Dr. Cumming from his co-workers through the years in the other American republics. As one of them says, he has been and still is "a great figure in health for the Americas." Social hygiene workers, mindful of his contributions to social hygiene progress as Surgeon General of the Public Health Service, Director of the Bureau, and more lately an Honorary Member of the Association, recipient of the Snow Award, and a member of the ASHA Committee on Awards and of the Committee on International Relations and Activities, will hope that the guidance of this "wise and prudent preceptor" as another colleague calls him, may continue to be relied upon in the future as it has been in the past.

Succeeding Dr. Cumming in the important post of Bureau Director is Dr. Fred L. Soper, formerly of the Rockefeller Foundation International Health Division. The resignation of Dr. Aristides A. Moll, for a number of years Bureau Secretary, has been announced.

Recent Publications of International Social Hygiene Interest

(For additional listings see *Publications Received*, elsewhere in this number of the JOURNAL)

Reports

- Children on Trial.** Illustrated brochure telling the story of the motion picture film of same name filmed for the Central Office of Information by the Crown Film Unit, to show juvenile delinquency conditions and the methods of the "approved schools" of England. For further information on sale and rental of the film inquire of the Film Officer, British Information Services, 30 Rockefeller Plaza, New York 20.
- Minutes of the Meeting of the Executive Committee of the Board of Direction, International Union against the Venereal Diseases,** November 11-14, 1946, Paris, France. Prepared under the direction of the Secretary-General, Dr. Andre Cavaillon, and issued from the Union's headquarters at the Institut Alfred-Fournier, 25 Boulevard St. Jacques, Paris. 112 pages. In French. A limited number of copies are available for distribution in the Americas on request to the Union's Regional Office for the Americas, 1790 Broadway, New York 19, N. Y.
- Guide to Information about Sweden.** Compiled by Naboth Hedin. A bibliography of publications in English, including titles on education, health and social welfare. 36 pages. 25 cents from the American Swedish News Exchange, Inc., 630 Fifth Avenue, New York 20, N. Y.
- Final Report of the Committee on Procedure in Matrimonial Causes.** Presented by the Lord High Chancellor of Great Britain to Parliament, February, 1947. A recent "white paper" recommending the establishment of a marriage welfare service and other state-sponsored safeguards for marriage and the family. 36 p. 9d. British Information Services, 30 Rockefeller Plaza, New York.
- The Rockefeller Foundation.** A review for 1946. Raymond B. Fosdick.
- The World Health Organization, Interim Commission.** A fact book. Useful mimeographed compendium issued by the United Nations. For further information inquire of the Director, Headquarters Office, WHO, 6306 Empire State Bldg., New York.

Periodicals

- American Journal of Public Health**, January, 1947. *Public Health Work in England: how it is like and unlike ours.* M. G. Arnstein, R.N.
- American Review of Soviet Medicine.** Published bi-monthly by the American-Soviet Medical Society, 58 Park Avenue, New York 16. April, 1947. *Medical research in the USSR.* Vasilii V. Parin. *Health in Byelorussia—a devastated area of the Soviet Union.* Leslie A. Falk. *Society News and Notes: Report of the third annual meeting of the Society, New York, December 21–22, 1946.* School Health in USSR. N. A. Semashko.
- Boletín de la Oficina Sanitaria Panamericana.** January, 1947. *Health declaration of Habana: Meeting of the directing council of the Pan American Sanitary Bureau (final act).* February, 1947. *Tribute to Dr. Hugh S. Cumming.*
- British Journal of Venereal Diseases**, June, 1946. *Venereal Disease in British West Africa*, R. R. Willcox.
Venereal Disease in India, E. E. Prebble.
- Bulletin Abolitionniste.** International Abolitionist Federation, 37 Quai Wilson, Geneva, Switzerland. February–March, 1947. *La prostitution en Finlande. L'internement administratif des asociaux dans la Canton de Vaud. Branche portugaise de la F.A.I. International Congress program, Brussels, Belgium*, September 6–9, 1947.
- April, 1947. *La prostitution en Norvege. Inde. Repression du racolage en France. Bibliographie. Bibliotheque de la F.A.I.*
- Bulletin of the Pan American Union.** Washington, D. C. March, 1947. *Recent Steps in the Organization of the Inter-American System.* William Manger. *Fifth Assembly of the Inter-American Commission of Women. Panama creates a National Council on Minors. Colombian Public Health Office.* April, 1947. *Memorial issue to Dr. Leo S. Rowe.*
- Bulletin of Venereal Disease Control.** Ontario Department of Health. Toronto. January–February, 1947. *Nomenclature of syphilis. Clinical and Laboratory bases for the diagnosis of syphilis.*
- Canadian Nurse**, March, 1947. *New Methods of Treatment for Venereal Disease—Syphilis*, B. D. B. Layton, M.D.
- Canadian Welfare**, December, 1946. *Marriage Counseling and the Minister*, The Rev. J. D. Parks.
- March 1, 1947. *Marriage Counselling*, Paul Popenoe.
- Health.** Official Publication of the Health League of Canada. March–April, 1947. *The Canadian Family—Are we Meeting its Needs?* Stuart K. Jaffray.
- The Health Education Journal.** A quarterly magazine, published by the Central Council for Health Education, London, England. British Ministry of Health. January, 1947. *A biological approach to education. VD—Cinderella or Bogeyman?* Harold Thomas. *The future of physical education.* J. P. Walker. *Method in health education: I. Choice of subject-matter.*
- Human Fertility**, September, 1946. *The Stockholm Conference on Sex Education, Family Planning and Marriage Counseling.* Abraham Stone, M.D.
- Information Service.** Published by the Department of Research and Education, Federal Council of the Churches of Christ in America. New York. March 29, 1947. *Students from other lands.* A report by Everett M. Stowe of the Committee on Friendly Relations among Foreign Students in the United States.
- Journal of Home Economics**, April, 1947. *International issue. An international approach to family health*, Marjorie M. Heseltine; *the Arab world and Women's education*, R. E. Buchanan; *Home economics in the Chilean Liceo*, Hazel M. Hatcher; *The challenge in China*, Ava B. Milam; *Training for homemaking in England*, Gertrude F. Summers; *Report on Mexico*, Edna N. White. *List of U. S. trained economists in other lands.* Single copies, 35 cents, from the American Home Economics Association, Mills Building, Washington, D. C.
- Journal of the Royal Sanitary Institute**, March, 1927. *The Welfare of Old People*, S. F. Allison, M.B., D.P.H.
- The Lancet.** London. February 1, 1947. *Medical Aspects of Marriage Guidance.* Edward F. Griffith, Clinical assistant to the psychological department Middlesex Hospital; Consultant to the Marriage Guidance Council.
- Mental Health.** Published by the National Association for Mental Health. 39 Queen Anne Street, London. Winter, 1946. *Social Work in a Military Hos-*

- pital*, Subaltern B. Gautrey, A.T.S. A survey of work done from August, 1944, until March, 1946 in Britain's largest military hospital dealing with psychoneurotic cases. The article deals especially with marital and family problems.
- L'Enfant.** Quarterly review of the National Organization for Childhood. (L'Oeuvre Nationale de l'Enfance) Brussels, Belgium. First 1947 issue. *Infant mortality and social conditions.* By Dr. Garot, medical counselor for ONE. *Itinerant consultation, a new service*, describing a mobile unit provided by the Save the Children Fund.
- La Prophylaxie Antivenérienne.** A monthly review. Official publication of the French Society for Sanitary and Moral Prophylaxis and the National League of France against the Venereal Diseases. September, 1946. *Venereal statistics*, Dr. Andre Cavaillon. *Report for 1945 of the Anti-venereal section, Department of the Var*, Doctor Girard. *Report for 1945 of the Anti-venereal Service of the Departmental Health Office for the Maritime Alps.* Dr. Pellegrin. *Technique of the gono-reaction.* P. J. Girard.
- Medical Journal of Australia**, September 14, 1946. *Sex Life of the Adolescent*, Irene Sebire, M.B.
- News and Notes for the Clergy.** Council for Social Service of the Church of England in Canada. Church House, 604 Jarvis Street, Toronto, Ontario. February 20, 1947. *More About Family Life. Sex instruction in the parish*, by the Rev. Owen G. Barrow.
- Newsletter**, Health and Sanitation Division, Institute of Inter-American Affairs, Washington 25, D. C. A monthly publication, reporting Institute activities and those of the Inter-American Cooperative Health Services in the other American republics.
- United Nations Weekly Bulletin.** The *Bulletin*, an illustrated 16 page magazine is the official chronicle of UN events and may be secured for 15 cents a copy, \$6.00 a year, from the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y.
- USSR Information Bulletin.** Published bi-weekly by the Embassy of the Union of Soviet Socialist Republics in the USA. 3031 Gates Road, N.W., Washington 8, D. C. April 16, 1947. *Education to expand this year. Soviet health resorts. Leningrad pediatric institute.*

World Events—Current and Future

(Dates subject to revision)

United Nations Meetings

(At Lake Success, New York, unless otherwise noted)

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| June 30 | Temporary Social Welfare Committee. |
| July 17 | Agenda Committee of the Economic and Social Council. |
| July 19 | Economic and Social Council (including meetings of the standing committees) 5th Session. |
| August 25 | Commission on Human Rights—2nd Session (Geneva). |
| August 28 | Social Commission—2nd Session. |
| Sept. 16 | General Assembly—2nd Session. |
| June 5 | World's Woman's Christian Temperance Union—17th Convention (Asbury Park, New Jersey). |
| June 6
Caracas
Venezuela | Inter-American Institute for the Protection of Childhood, International Council |
| Summer 1947
Lima, Peru | Pan American Congress of History of Medicine. |
| June 22-29
Paris | World Congress on the Family and Population. For further information address National Social Welfare Assembly, 1790 Broadway, New York, or Miss Andree Roche, French Embassy, 1329 18th St., N.W., Washington, D. C. |

June 24 London	Conference of International Association of Maternity and Child Welfare Centers
June 25-29 Paris	Congress of School and University Hygiene.
July 10 Copenhagen	Fourth Congress of Microbiology, convened by the International Union of Biological Sciences.
July 20	World Federation of Democratic Youth—Festival (Prague).
July 30- August 7 Oslo, Norway	Second World Conference on Christian Youth. For further information address your national church headquarters, the National YMCA or National YWCA.
August 29 Geneva	World Federation of United Nations Association, Second Conference.
Sept. 5	International Council of Women—First Postwar Conference (Philadelphia, Pennsylvania).
September 6-9 Brussels Belgium	International Congress of the International Abolitionist Federation.
Sept. 8-12	Associated Countrywomen of the World—Triennial Conference (Amsterdam, Holland).
November Mexico City	Second General Conference, UNESCO.

ANNOUNCEMENTS

JOURNAL OF SOCIAL HYGIENE

Last Month: May was the *Social Hygiene and the Atomic Age* number of the JOURNAL with *Is Man Obsolete?* by J. R. Heller, Jr. . . . *Ideals in Social Hygiene*, by A. M. Schwitalla, S.J. . . . *The Family Responsibility in Social Hygiene*, by James H. S. Bossard. . . *Marriage in the Modern World*, by Bradley Buell. . . the first three are available in reprint form and Mr. Buell's article is reprinted in ASHA Pub. No. A-681 *Marriage and Divorce in the U.S. Today*.

In October: This is planned as a *Community Action* number including *Social Hygiene—A Community Need*, by Mrs. Charles Center. . . *Armed with Resolution*, story of social hygiene education in Colorado, by Mrs. Arthur A. Wearer. . . an article on organizing a community program by P. K. Houdek, Executive Secretary, Kansas City Social Hygiene Society. . . . *Honorary Life Membership* citation for Dr. A. J. Chesley. . . and other features.

NEW PUBLICATIONS

1946 Supplement Digest of State and Federal Laws Dealing with Prostitution and Other Sex offenses; With Notes on the Control of the Sale of Alcoholic Beverages as it Relates to Prostitution Activities, compiled by Bascom Johnson, *ASHA Senior Legal Consultant*, and William George Gould, *Associate Director of ASHA Legal and Protective Services*, is now being printed. It includes Appendices dealing with I. *Federal Laws and Regulations Dealing with the Venereal Diseases*; II. *Twenty-two Years' Progress in Social Hygiene*

Legislation (with maps); III. *Forms and Principles of State Social Hygiene Laws*; and IV. *Milestones in the March Against Prostitution*. **Pub. No. A-422-a**

Health For Your Baby and You, **Pub. No. A-194** has been revised and the new edition is available at \$1.50 per 100 (single copies free on request).

Dating Do's and Don'ts for Girls, **Pub. No. A-644** has been re-issued in a new black-and-white, pocket-size edition; 5c a single copy; \$3.50 per 100.

For these and other publications and materials write to
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
 1790 Broadway New York 19, N. Y.

BOOK REVIEWS

Books of General Interest

THE CHILD FROM FIVE TO TEN. By Arnold Gessell, M.D., Director of the Clinic of Child Development, School of Medicine, Yale University, and Frances L. Ilg, M.D. Assistant Professor of Child Development, in collaboration with Louise Bates Ames, Ph.D., Curator of the Yale Films of Child Development, and Glenna E. Bullis, Assistant in Research. Harper & Brothers, 1946. 475 p. \$4.50.

In this book Doctor Gesell, with his co-author Doctor Ilg and their collaborators of the Yale Clinic of Child Development, carries into the school years the careful studies of growth characteristics that appeared in the earlier *Infant and Child in the Culture of Today* and *The First Five Years of Life*. It was written, as the authors state in their *Preface*, with the interests in mind of parents, teachers and others responsible for safeguarding the developmental welfare of children. Social hygiene workers will feel themselves to be among the beneficiaries of the work. They will be especially interested in the paragraphs on sex interests and attitudes in the chapters on *The Growing Child* and also in the section on *Self and Sex* in the chapters grouped under the heading *The Growth Complex*. Other particularly helpful chapters are those on *The Parent-Child-Teacher Relationship* and on *Interpersonal Relations*.

The Child from Five to Ten was undertaken during the dark days of the war and completed by the terrible white light of the atomic bomb. "It is no longer trite to say," write the authors in their preface, "that children are the one remaining hope of mankind . . . the most ameliorative force that can be released in the years of reconstruction which lie ahead is an intensified conservation of the development of infants and children." Social hygiene workers will share this view and share too in the responsibility for guarding this development.

ELEANOR SHENEHON

GUIDE TO HEALTH ORGANIZATION IN THE UNITED STATES. By Joseph W. Mountin and Evelyn Flook. United States Public Health Service, Miscellaneous Publication No. 35. U. S. Government Printing Office. 78 p. 20 cents.

This excellent, brief, illustrated guide through the intricate mazes of health organization in the United States opens on a drawing of a three-storied building labeled "Levels of Health Organization—the Complete Health Structure." The top story houses the Federal Government, the second story state government, and the ground floor local government. In the wing to the left of this imposing structure dwell the voluntary health agencies, including social hygiene, with the medical profession occupying the corresponding wing to the right. The whole thing is rather more complex in its architectural plan than the projected home of the United Nations and has, as all old buildings of long, slow growth inevitably do, all sorts of odd nooks and crannies, winding staircases, steps up and steps down.

Authors Mountin and Flook take the justifiably somewhat confused reader by the hand and lead him safely on a voyage of exploration through this labyrinth, making the reasons for the addition of this administrative cupola and that organizational bay-window clear and understandable. This is, with all its excrecences an old house to be proud of. "Its high performance," say the authors, "is well demonstrated by rather obvious and tangible results. The people of the continental United States now enjoy a level of health and well-being never before attained by any population of comparable size." Our turreted health structure is therefore a real and proved "machine for living," as any useful building should be.

No brief commentary can do more than refer to the very helpful informa-

tion about, say the multiplicity and variety of federal agencies engaged in health work, not to mention the complex of state and local services. Sample budgets for local health departments serving communities of different sizes are included, information about existing plans of medical and custodial care is provided, there is a section on professional education, and an extensive bibliography rounds out the picture.

ELEANOR SHENEHON

HOW TO LIVE. By Irving Fisher, LL.D., Professor Emeritus of Economics, Yale University, and Haven Emerson, M.D., Professor Emeritus of Public Health Practice, Columbia University. (Revised edition.) New York, Funk & Wagnalls, 1946. 354 p. \$2.50.

A revision of any book which has attained the distinction of 21 editions and the 500,000 copies class is news to the public as well as to librarians. This book has the added attraction of having been rewritten by two outstanding and widely known authorities and leaders, who know how to present in non-technical terms the advances and current scientific news in the broad field of health conservation.

The foreword in 1915 to the first edition, by former President William Howard Taft, and the preface to this twenty-first edition, show the necessity for supplementing the gains made from the days of Pasteur to these of penicillin, by developing public understanding and use of the "non-specific weapon with which Nature originally endowed us all—namely, *our own vital resistance*." This edition, say the authors, "therefore, stresses general vigor of body and mind rather than specific remedies. It is primarily concerned not with disease but with *health*."

The book itself has had such wide circulation since the first edition and has been reviewed so many times that no detailed comment is necessary. The text throughout has had the benefit of collaborating specialists in preparation or checking of chapters, and is carefully indexed and supplemented by an excellent, brief bibliography.

Interestingly written and up to date, this edition will continue to serve as a major reference book in public libraries as well as in the book-cases of individuals. The Robinson Foundation,

with the cooperation of the Hygiene Reference Board of the Life Extension Institute, has rendered a great service in producing this new edition.

WILLIAM F. SNOW, M.D.

THE NEGRO HANDBOOK 1946-1947. A manual of current facts, statistics and general information concerning the Negro in the United States, edited by Florence Murray. 1947. Current Books, Inc., A. A. Wynn, Publisher. 392 p. \$5.00.

Like the two previous editions of this compilation, the aim of the book is to supply to writers and research workers in the field of Negro progress, the factual information needed for effective discussions of such matters. The contents are arranged under the following headings: *Population, Civil Rights, Health and Vital Statistics, Labor and Industry, Education, Religious Denominations, Crime, Sports, Housing, Organizations, Books, Newspapers and Periodicals, Stage, Screen and Radio, Farms and Farm Operations, Miscellaneous Lists and Directories, Government and Politics, Business, World War II*. Material on *World War II* constitutes a new feature of the publication. An *Index* forms a helpful adjunct.

The editor of the *Handbook* has spent her working life as a reporter and editor on Negro newspapers, being at present connected with the New York paper *People's Voice*. She does a good, workmanlike job in her arrangement and indexing of the *Handbook* material. The undersigned suggests that the next compilation might find it to advantage to include in the bibliography of publications, or in the discussion of health and vital statistics, brief factual information on social hygiene activities among Negro groups and efforts among such groups to reduce the venereal diseases in their family and community life.

JEAN B. PINNEY

THE PECKHAM EXPERIMENT—a study in the Living Structure of Society. By Innes H. Pearce, M.D., and Lucy H. Crocker, B.Sc. George Allen & Unwin, Ltd., London, 1944. American Edition, Yale University Press, 1945. 335 p. \$3.50.

The Peckham Experiment is the third in a series of reports on some eighteen years of work in England by a group

of biologists studying the processes of health. They learned that it is almost useless to provide the kind of community health service that consists of a physical examination and the correction of pathological conditions, if the individual thereafter is returned to the old environment that has been responsible for the original condition, but that "health grows and spreads through the cultivation of the social soil."

The biological laboratory in which the Peckham experiment was carried out is the Pioneer Health Centre in metropolitan London. The Centre is a family club which offers a family health service; it does not accept individuals as members. As a result of this work, say the authors, "we can now visualize the essential elements for the *practice* of Health as something different from the practice of medicine."

The Pioneer Health Centre is truly a family affair. "In the realm of living," say the authors, "he (man) has yet to recognize the unit with which Nature works; and to learn to use that unit. . . . We claim to have defined the unit of Living. It is not the individual; it is the family." And again, "it is through the unified mutual action of two entities, man and woman, that alone the full function of Man is manifest . . . only the man-and-woman as a unit can meet the needs of the biologist setting out to study function. What then are we to call this functional unit—this concept of the biological unit? We have named it 'family'."

Working with its member families, the biologists in charge have developed a technique for dealing with families in a social milieu with simultaneous use of health examinations. "We are looking," they say, "for something right we can cultivate. That is the essential factor that underlies all other experiments that we are making at Peckham. . . . We do not talk about disease—we avoid the subject. The people . . . concentrate on their development."

Social hygiene workers will be particularly interested in the chapter on *Courtship and Matrimony* in which the author biologists observe and describe the behavior of the young people of the member families as they come together to enjoy the social facilities of the Center, are attracted, love, marry. "From the biologists' point of view," says Dr. G. Scott Williamson, the

Centre Medical Director, in a résumé of the experiment published in the December, 1946, issue of the English periodical, *Public Health*, "the most interesting thing about the Centre is that it is a mating ground and to watch young people work their way through the problems of sex. . . . There was plenty of opportunity for courtship. . . . We had no case of sex irregularity in four and a half years. Apparently in Nature these things do not arise."

On the practical side, the Centre is housed in a large and handsome modern building equipped with every facility for social life ("circumstances and material likely to kindle the health of the families") as well as the necessary equipment for rendering health services. The funds for the experiment were raised in part by a committee of interested lay persons and in part donated by the Halley Stewart Trust. Running expenses are covered by club dues of a shilling per week per family. *The Peckham Experiment* contains photographs of the varied activities that go on in the Centre. Earlier reports (*The Case for Action*, 1931, and *Biologists in Search of Material*, 1938) give the history of the movement in greater detail. A further report of findings and conclusions, under the title *Science, Sanity and Synthesis* is in preparation.

ELEANOR SHENEHON

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK—1946. Selected Papers Seventy-Third Annual Meeting, Buffalo, New York. Columbia University Press, New York. Editorial Committee: Paul T. Beisser, St. Louis, Chairman; Gertrude Springer, Boston; Florence Sytz, New Orleans; Maude Barrett, Washington, D. C. Ex-officio members, Russell H. Kurtz, New York, Howard R. Knight, Columbus. 608 p. \$5.00.

This handsome volume contains selected papers chosen from among those presented at the 73rd Annual Meeting of the National Conference of Social Work at its Buffalo meeting of May, 1946. These timely discussions deal with economic problems, questions of public welfare, social work methods, administration, group work, case work, the veteran, the child, the delinquent, the aged, and the physically and mentally ill. The section entitled *Social Work Widens Its Horizons* looks up

from the problems that are always with-us to consider the world in which we live and have our being. Included here are President Kenneth L. M. Pray's *Social Work in a Revolutionary Age*, Dr. S. Brock Chisholm's *Can Society Keep Pace with Science?* and Max Lerner's *Toward an American Society*. In the section on *Problems of Delinquency* there is a paper by William George Gould, of the ASHA Division of Law Enforcement and Social Protection, on *Legal Control of Venereal Diseases*, which he gave at the Conference.

Social hygiene workers will find the volume fascinating to read and invaluable as permanent reference material.

ELEANOR SHENEHON

SOCIAL WORK YEAR BOOK 1947. Edited by Russell H. Kurtz. Ninth Issue, New York, Russell Sage Foundation, 1947. 714 p. \$3.50.

The biennial appearance of this volume is now considered indispensable by all who are in any way concerned with national, state or community programs for health and welfare. While each edition has been prepared and published independently of the others, there is a continuity throughout the series that gives a satisfying view of effort and progress.

In this ninth volume the material is grouped under two major divisions. *Part I* consists of seventy-nine signed articles written by authorities on as many topics, and *Part II* consists of a tripartite Directory of Agencies under the headings of *National Agencies—Governmental, National Agencies—Voluntary, and Canadian Agencies*. An *Appendix* lists periodicals other than U. S. Government publications, and the

40-page *Index* is comprehensively and carefully worked out as usual.

Something over four pages, including a bibliography of publications, is devoted to *Social Hygiene* over the byline of Dr. J. R. Heller, Jr. Many of the other topical articles, such as *Adult Education, Child Welfare, Family Social Work, Juvenile Behavior Problems, Medical Social Work, Public Health, and Youth Services*, contain information and discussions of value to social hygiene workers.

The editors append to the main title the sub-title *A Description of Organized Activities in Social Work and in Related Fields* which is a most modest estimate of this useful compendium for which the list of Advisory Committee members and of contributors reads as a veritable *Who's Who* in their respective fields of work.

JEAN B. PINNEY

YOUR COMMUNITY. By Joanna C. Colcord. New York, Russell Sage Foundation, 1947. Revised edition. 264 p. \$1.50.

The most recent revision of this invaluable reference book follows the pattern of the 1941 edition but reflects the changes that the passing of half a dozen years and a world war have made in the community picture. These changes are perhaps most marked in the fields of medical care, where voluntary prepayment plans have grown very largely in recent years; public assistance, consumer protection and housing. The necessary extensions and additions to the original text bring the volume up to date in these and other areas.

ELEANOR SHENEHON

Books on Sex Education, Marriage and Human Relations

MENTAL MISCHIEF AND EMOTIONAL CONFLICTS. By William S. Sadler, M.D. C. V. Mosby Company, St. Louis. 1947. 396 p. \$6.00.

The author of this book is an old hand at writing for the general public, and his long practical experience as a psychiatrist has provided him with abundant case histories which he uses to illustrate his text. The fact that he was, and perhaps still is, professor

of "pastoral psychiatry" at the McCormack Theological Seminary, illuminates his point of view as a sympathetic physician.

The advice given in this book can be followed with confidence by parents and teachers. The author's outlook on psychology and psychiatry is conservative—a view founded on his own experience and on the writings of all the leading authorities in this field. This

is true of the chapter dealing with sex problems quite as much as with other chapters. One is repeatedly impressed with the admission that many mental phenomena, normal and abnormal, are explained only empirically. There remain vast areas of psychiatry and psychology yet to be explored and studied by more exact scientific methods.

WALTER CLARKE, M.D.

SEX EDUCATION, A Guide for Parents, Teachers and Youth Leaders. By Cyril Bibby. New York, Emerson Books, 1946. 311 p. \$2.50.

The British edition of Mr. Bibby's excellent work published by Macmillan of London in 1944, was widely reviewed as one of the most useful publications of recent years. (See page 377 of the June, 1945 JOURNAL and other magazines for reviews.) In a preface to the American edition, the author states:

"In the preparation of the American edition of this book, no attempt has been made to Americanize the text. Alterations have been confined to the changing of words and phrases which bear different meanings in the United States, the deletion of passages which would be of no interest to American readers, and the insertion of footnotes explanatory of British conditions."

It is good to have this convenient volume readily available.

JEAN B. PINNEY

SEX, MARRIAGE AND FAMILY. By Thurman B. Rice, M.D. Philadelphia, J. B. Lippincott Company. 1947. 272 p. \$2.50.

The purpose of this book is to offer help toward an understanding, tolerance and appreciation of sex and marriage. The author has given a sound, wholesome, common sense and frank discussion of many of the problems and questions related to the subject. It is based upon his many years of experience in the field of sex education and marriage counseling.

The style is interesting and non-technical, lending itself to easy reading. The essential scientific facts needed have been included and various misconceptions and superstitions are discussed. Stress is placed upon the monogamic home as a tremendously important institution. The author believes that it

is better to have failed in everything else and to succeed with one's own husband, or wife, and children, than to succeed in everything else and to fail with them.

The young person contemplating marriage is introduced to some of the problems which he, until now, has had little occasion for considering in detail. Considerable attention is given to the physical and biological problems involved in marriages. Several chapters also deal with some of the economic, cultural and moral principles commonly regarded as pertinent to the successful solution to the problems of marriage. The last four chapters consider special factors related to the war and postwar period.

A random sampling of the many specific topics considered are: *the choice of a mate, college marriages, causes of divorce, the honeymoon, the matter of birth control, sex determination, sterility, becoming a father, war marriages, mixed marriages, and looking at the "in-laws"*.

It is emphasized that parents should conscientiously teach their children the fundamentals of good behavior to the end that they, the children, may have the best possible chance to succeed in marriage. We should lay a foundation of substance and reason and not merely forms of morality and decency. Marriage should only be approached by those willing to make sacrifices, if necessary. There is some pointed advice to "in-laws," parents and grandparents. The author also attempts to put the prospective father at ease by advising that "very few fathers are lost in childbirth."

In discussing the desirability of the physical examination, additional comment might have been made concerning the premarital examinations required in many states.

The book is strongly recommended to those young men and women about to be married as well as to those individuals now married. It should make excellent reading in college courses on marriage and the family. Also, those in a position to advise young people on the subject of marriage, such as teachers, ministers and social workers, should find the book valuable.

H. F. KILANDER, PH.D.

TEEN DAYS. By Frances Bruce Strain. Emerson Books, New York. 1946. 182 p. \$2.75.

When youngsters arrive at that gangling stage in their early teens—thirteen to sixteen—their seniors often apply to them a good old descriptive term, "growing pains." Many adults, though, attach merely physical connotations to this expression, and think only of boney and muscular growth. They overlook the equally important growing pains of mind and spirit, of schoolwork and homework, of dates, dress, social affairs, jobs, growth, weight, athletics, and the hundred and one other worries and interests that make, or sometimes break, early youth. And the young people themselves find life a most mystifying and trying experience in those

"beautiful but awful years," as one young matron described them to us.

To help in clarifying the myriad perplexities, we heartily recommend Frances Bruce Strain's newest book, *Teen Days*. The author of such other best sellers as *Being Born* and *Love at the Threshold* has done a lovely, readable job in this volume for teen-agers. Let them read it for and by themselves. They will get immeasurable help and guidance from its pages—and they'll enjoy every one. But don't miss reading it yourselves! In addition to making you a better parent, educator, or person in general, you will get many a nostalgic thrill out of its contents and will be apt to finish it saying, "Gosh! What a help this would have been to me when I was living through those wonderful, worrisome years."

RAY H. EVERETT

Books on Health Education

CORKY THE KILLER: A STORY OF SYPHILIS. By H. A. Willmer. Introduction by Paul A. O'Leary, with forewords by Joseph Earle Moore and Kendall Emerson. New York, American Social Hygiene Association, 1945. 67 p. \$1.00.

Instead of a benign though rather stodgy Gulliver for its peregrinating main character, this new, fascinating adventure tale outlines the diabolical forays of the pale spirochete that traffic in syphilis. For downright cussedness, *Corky* is as mean as they come. Like his devastating pal, *Huber the Tuber* (in a previous volume about the tubercle bacillus), *Corky* is an impersonal, cold-blooded, death-dealing villain whose only mission on earth is to maim and destroy. But, like Gulliver, his adventures make grand reading.

The author's saga is brought into scientific perspective through a series of correlated footnotes summarizing the story of syphilis in thoroughly authoritative fashion. And the illustrations deserve to rank with the classic Tenniel sketches that make *Alice in Wonderland* even more delightful.

Anyone, young or old, who follows *Corky's* career from his opening invasion of the human host down to his

final execution will combine instruction with entertainment. Merging the drama of this bacterial freebooter and the salient facts regarding the causes, diagnostic media and therapy, and the sociological factors surrounding syphilis in so original a manner is indeed a task worth doing. Along with Surgeon General Parran, Dr. Moore and Dr. Emerson, whose forewords commend the book and its author, many other social hygienists, including this reviewer, will cite the opus as a *cum laude* achievement.

If you want to learn—or teach—the story of syphilis from the era of ignorance and quackery down to the current scientific age, from the realm of Paracelsus to that of penicillin, run—not walk—to the nearest bookstore and order your copy of *Corky the Killer*.

RAY H. EVERETT

HEALTH FACTS FOR COLLEGE STUDENTS. By Maude Lee Etheredge, M.D., D.P.H. Fifth Edition. 1947. Philadelphia, W. B. Saunders Company. 439 p. \$2.50.

This book, previous editions of which have been reviewed in the *JOURNAL*, continues to be an excellent textbook, which fact is supported by Dr. Ray Lyman Wilbur, Chancellor of Stanford

University, and President of the American Social Hygiene Association, who has provided the *Foreword*. The volume has been brought up to date, utilizing much of the experience gained during the war. Many new illustrations have been added.

Among the interesting features of the book are the chapters dealing with social and psychological problems which have such great influence on mental health.

WALTER CLARKE, M.D.

HYGIENE. By Florence L. Meredith, M.D. 1946. Philadelphia, The Blakiston Company. 4th edition. 838 p. \$4.00.

This is a widely used text which now appears in another new edition, greatly expanded over previous editions. It deals with all aspects of health and hygiene at a level which strikes one as being rather elementary for college students.

In the chapter entitled *Syphilis and Other Venereal Diseases*, there are unfortunately a number of omissions and errors which it is hoped will be corrected in the course of preparation of the next edition of this work.

WALTER CLARKE, M.D.

KATHARINE KENT. By Mary Sewell Gardner. Macmillan Company, New York. 1946. 298 p. \$2.75.

The quotation with which the author begins her story epitomizes the events in this fictionized account of a career which is full of both inspiration and practical achievement:

*Climb high
Climb far
Your goal the sky
Your aim the star*

(Inscription on Hopkins Memorial Steps, Williams College)

For many of those who know the author, many of the incidents and problems in *Katharine Kent's* story will have a pleasantly nostalgic flavor. Impartially judged by the book reviewers, Miss Gardner may feel well pleased. The *Library Journal* said, "Recommended for serious-minded adolescent girls." Mary Ross, in the *Weekly Book Review*, reported "for the general reader it offers not only information on many situations of wide interest and importance, but a smoothly told story."

Public Health Nursing confirms professional approval with a review by Marion M. Campbell, Executive Secretary, Community Health and Civic Association, Ardmore, Pennsylvania, which says:

"Into this fascinating story Miss Gardner has interwoven an accurate account of the development of the public health nursing movement. Every public health nursing agency will want to add a copy of *Katharine Kent* to its library. . . . For the student nurse *Katharine Kent* will afford an excellent means of becoming acquainted with the field of public health nursing through the writing of one of its most outstanding leaders."

JEAN B. PINNEY

THE SCHOOL ADMINISTRATOR, PHYSICIAN, AND NURSE IN THE SCHOOL HEALTH PROGRAM. Published by the Metropolitan Life Insurance Company as School Health Monograph No. 13. 1947. 58 p. Free on request.

This booklet is a report made by the National Conference for Cooperation in Health Education on the *Project for Improving the Education and Defining the Activities of the School Administrator, Physician, and Nurse in the School Health Program*. Coordinating Committee of the project included Dr. Mayhew Derryberry, Chief, Health Education and Training USPHS; Dr. Clair E. Turner, Visiting Professor, University of California; John L. Bracken, Superintendent of Schools, Clayton, Mo.; Miss Bosse Randle, School Nurse Consultant, NOPHN, New York; Dr. W. Carson Ryan, University of North Carolina, and Miss Marjorie L. Craig, School Health Bureau, Metropolitan Life Insurance Company.

The report should prove of great value to all interested in establishing and developing school health programs. It offers a blueprint with modifications to suit local conditions, and allows those responsible for the school health program to plan it wisely for maximum effectiveness.

JOHN W. FERREE, M.D.

THE STORY OF HUMAN BIRTH. By Alan Frank Guttmacher, M.D. Penguin Books, Inc., New York. 1947. 214 p., including index. 25 cents.

This book, originally published by the Viking Press in 1937 under the title,

Into This Universe has now been issued by the Penguin Book Co. in the popular 25 cent edition. The author, as Associate Professor of Obstetrics at Johns Hopkins University, is scientifically well qualified to present this subject. The fact that the book is now issued in a 25 cent edition attests to the success of the author in achieving a popular style. Evidently the author had in mind the interest and the need of the public, and especially expectant mothers for a non-technical account of the anatomy and physiology of childbirth. To this reviewer it seems that the author has admirably succeeded in his undertaking.

WALTER CLARKE, M.D.

UNITS IN PERSONAL HEALTH AND HUMAN RELATIONS. By the Educational Services of the Minnesota Department of Health; Lillian L. Biester, William Griffiths, and N. O. Pearce, M.D. University of Minnesota Press, 1947. 267 p. \$3.50.

Here is a book which sixth through twelfth grade teachers have wanted for so long. There is a unit for the kindergarten teacher, too. If this brief review sounds like a blurb from the publishing house, it is because the reviewer is as enthusiastic about the book's merits as the publisher possibly could be. Its preparation is characteristic of the careful planning and efficient conduct which have marked the Minnesota Department's social hygiene program through the years.

The keynote of the book has been admirably stated by the authors in their introduction. "Every child needs information and assistance in establishing attitudes, habits, and ideals about

sex, just as he needs information and assistance for other phases of his growth. Marriage, parenthood, child growth and family relationships are some of the most important aspects of life, and as such they merit a dignified place among the other areas of study and training."

What has been done is to present this subject matter in a way that makes it immediately usable to a teacher—even though he or she has had little or no preparation in this field. They tell you When, Why, Where and How to teach sex in its broadest and finest sense. In addition they give much factual material that is scientifically accurate and easily understood. Well chosen references to other sources of information, both for teacher and the student are interspersed throughout and listed at the end of each unit. One can only wish that in the not-too-far-distant future other states will see fit to make freely available to their schools the wealth of visual aids listed in these units as available from the Minnesota Department of Health. What is more a brief description is given of the films recommended. No pig in a poke here!

Teachers will find especially helpful the *Sample Questions That Students May Ask, with Suggested Answers; Test Questions; Evaluation Outlines; Suggested Activities*, and the complete *Glossaries*.

It is confidently believed that *Units in Personal Health and Human Relations* will give more impetus to expanding the teaching of social hygiene than any volume that has appeared in many years.

JOHN W. FERREE, M.D.

Books on Law Enforcement, Legislation and Social Protection

A CASE WORK APPROACH TO SEX DELINQUENTS. Rosa Wessel, editor. Contributors Mazie F. Rappaport, Rose A. Moss, Helen M. Kelleher. Pennsylvania School of Social Work, Philadelphia, Pa. 1947. 135 p. \$1.50.

This book presents, as the editor says in the introduction, "A new and more hopeful individual approach to the age-old problem of prostitution and promiscuity, the breeding-ground of the venereal diseases." The material discussed outlines the approach evolved in Balti-

more, Maryland, where the Department of Public Welfare undertook to provide social service to promiscuous girls. The Department's acceptance of public responsibility in this respect is familiar to JOURNAL readers through previously published articles and reviews.*

Three qualified social workers, associated with the Baltimore Department

* See *Towards a New Way of Life*, Mazie F. Rappaport. JOURNAL OF SOCIAL HYGIENE, December, 1945, and *Federal Probation Quarterly*, 1944.

of Public Welfare, and writers of this excellent work, make a real contribution to the field of social hygiene by recording their services in the treatment of prostitution and promiscuity. They deal with some of the controversial questions which are disturbing case workers who want to use their skill in the service of delinquents. The papers prove again that prostitution and promiscuity are matters of social concern and public welfare because they are forms of social delinquency.

The pamphlet will be of greatest use to social workers, psychiatrists and other professional workers in the field of social hygiene, but the lay public, including the volunteer, interested in contributing his or her efforts in the campaign against prostitution and venereal diseases, can read and use it to advantage. There is need of more material for this purpose.

GEORGE GOULD

JUNIOR DEPUTY SHERIFFS' LEAGUES MANUAL. A Manual for the guidance of sheriffs and deputy sheriffs in organizing Boys Groups, and developing within each lad an appreciation of his responsibilities as the Junior Citizen of Today and the Man of Tomorrow. By Paul H. Rameau, Technical Adviser to the National Sheriffs' Association's Committee on Education and Training. Published in 1946 by the National Sheriffs' Association, 644 Transportation Building, Washington 6, D. C. 120 pp. Price \$2.00 (Distributed free to Sheriffs' Association members).

The Manual is divided into two parts, Part I deals with the history of Junior Deputy Sheriffs—the origins, purposes and accomplishments, and eight different plans for their operation, given under the names of their originators. Part II of the Manual deals in five chapters with the (1) Purpose, (2) Administration (national), (3) Group Administration, (4) Program of Activities, (5) Juvenile Police Work, (6) Obligations of the Chief Junior Deputy, and (7) Obligations of the Sheriff and Chief Junior Deputy.

The text of the Manual is based on actual experiences of sheriffs in their successful endeavor to end delinquency

in their counties. At time of publication of the book there were more than 20 Junior Deputy Sheriffs' Leagues in existence, and it was anticipated that this number would increase rapidly through the use of this handy, informative manual.

BASCOM JOHNSON

RECOMMENDATIONS FOR ACTION BY THE PANELS OF THE NATIONAL CONFERENCE ON PREVENTION AND CONTROL OF JUVENILE DELINQUENCY. U. S. Government Printing Office, Washington. 1947. 140 p. 30 cents.

The first objective of the National Conference on Prevention and Control of Juvenile Delinquency, called by Attorney General Thomas Clark in Washington last November, was to translate the Conference findings into practical action at the community level. This pamphlet contains summaries of the recommendations and reports by the sixteen panels which formed the Conference framework. Some of the subjects presented are *Community Coordination*; *Juvenile Court Laws, Administration*, and *Detention Facilities, Recreation for Youth*; *Case-Work and Group-Work Services*; *Church Responsibilities and School and Teacher Responsibilities*; and *Home Responsibilities*.

The panel reports can be used by official and voluntary agencies, leading citizens and other interested groups in the fight against juvenile delinquency at the community level. They are informative, present the problems, and offer suggestions for action that can and should be taken. Attorney General Clark says in the Foreword of the pamphlet, "It is planned to make the complete reports available as soon as they can be printed."

Federal, state and local officials, and leaders in community life will find the pamphlet a necessary weapon or tool in meeting the problem of juvenile delinquency which is one of serious concern to the entire country at this time.

GEORGE GOULD

RECREATION AND THE TOTAL PERSONALITY. By S. R. Slavson. Association Press, 1946. 205 p. \$3.00.

Workers in the social hygiene field have long recognized the value of

recreation as a deterrent to unsocial behavior, as a creative outlet, as a prime factor in sublimation and compensation, and as an effective tool in character development. That is why social hygiene groups have consistently fostered recreational agencies and have so widely interpreted their value in communities all over the country in their effort to see social hygiene goals fulfilled through these media.

Common sense, experience, professional training, and observation have all contributed to this recognition of the relationship between recreation and social hygiene. What Mr. Slavson has done, however, is to define, analyze, and synthesize the meaning of recreation in what, in other days, might have gone under such a title as *The Anatomy of Recreation*. His contribution is a rich one. Not only does the reader have the opportunity of following an orderly mind through a carefully prepared and developed thesis; he has an equal opportunity of learning, in simply presented terms, a great deal that psychoanalysis has brought to light in the matter of human motivation, individual differences, and profound human drives.

Recreation and mental hygiene are as closely linked as social hygiene and mental hygiene. The relationship of soundly planned recreation to the psychosexual development of the child is clearly delineated in *Recreation and the Total Personality* and the author does not compel the reader to draw the meaningful inference but points out, time and again, the place of recreation in the sex-character development of the individual.

This book was evidently written with the professional worker in mind but it does not exclude, by style or content, the thoughtful and intelligent adult of whatever calling. This was probably planned deliberately, for much that Mr. Slavson has written in the past, particularly his articles in professional journals, has tended to be well beyond the scope of the non-professional reader. It is refreshing to find a book containing an exposition of the fundamental concepts of psychoanalysis, with a direct and unmistakable application to the social hygiene field, that is at once learned and entirely readable.

Parents will find *Recreation and the Total Personality* a comforting book in an age when so many parents have emerged from reading about their responsibilities in a state of weary confusion and personal conflict. Through the use of interpretation in preference to dictum, Mr. Slavson offers his readers deeper understanding, realizing that only through understanding and not through a set of rules and dogmatic principles can people who are dealing with children give them the best opportunities of growing up in healthy, normal, disciplined ways.

Recreation and the Total Personality is recommended reading. One might go so far as to say that it should be required reading for workers in the field of social hygiene and in related professional fields—social work, nursing, teaching, the ministry, and adult education leadership.

ESTHER EMERSON SWEENEY

YOUTH IN TROUBLE: Studies in Delinquency and Despair. By Austin L. Porterfield. Fort Worth, The Leo Potishman Foundation, 1946. 135 p. \$1.50.

The summary that appears on the jacket of this book is an excellent analysis of the contents:

In *Youth in Trouble*, Professor Porterfield clearly demonstrates that:

1. Delinquency and crime are not monopolized by people who belong to the lower socio-economic classes of society.

2. The behavior of college students is often fully as delinquent as that of children who get into court. Yet the youth who get into college rarely ever are or have been brought into court.

3. The child who gets into court is a friendless child who has been failed by both his parents and his community.

4. The community and the individuals and groups within it are on the other end of the quarrel with children. It "takes two to make a quarrel." Those who complain against the child are frequently peevish and irresponsible themselves, and sometimes criminal.

5. Parents are people, too. They are social products, too. Nothing is to be gained by the common practice of swearing at parents. Parents need help.

6. The community is responsible for the development of programs for the stabilization of family life, for the education of parents, for character building activities available to all.

7. The community is responsible for all the criminal cultural patterns that

prevail within it, and must take steps to eliminate these patterns if it does not want its youth, rich or poor, to learn such patterns by association with them.

8. Therefore, democratic processes of community organization are essential for the benefit of all families, both parents and youth. This organization must be adequate for constructive growth as well as treatment and prevention.

BASCOM JOHNSON

Books on Medical and Public Health Activities

(Unless otherwise indicated, reviews are by WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association)

CLINICAL UROLOGY. By O. S. Lowsley, M.D., Director Department of Urology (James Buchanan Brady Foundation) New York Hospital, New York, and T. J. Kirwan, Attending Surgeon, Department of Urology (James Buchanan Brady Foundation) New York Hospital, New York. Drawings by W. I. Didusch. Williams & Wilkins Co., Baltimore, 1944. 2 volumes, second edition. 1,769 pages plus indices. \$10.00.

The opening chapters of this well known book are devoted to methods of laboratory and clinical examination and anesthesia. Then taking up in turn each anatomical structure comprising the genitourinary system, the authors discuss in sequence the embryology, anatomy, anomalies, physiology, injuries, diseases and operative and non-operative treatment of conditions affecting each organ. The last two chapters deal with radium and Roentgen-ray therapy and dried human blood plasma therapy in urology.

All of the diseases generally classified as "venereal" are discussed in this book, but syphilis is dealt with only as a urological condition, that is to the extent that lesions of this disease are found sometimes in or on or affecting genitourinary organs. Thus, syphilis as a systemic disease is left, as it should be, to works on general internal medicine, but there is a reference, for example, to penile chancres and the tabetic bladder.

In so far as the therapy of syphilis and gonorrhea is concerned, this book

which was published in 1944, is somewhat out of date, penicillin therapy in the last 2 years having made serious inroads on the older methods of treatment. The authors, unlike most American students of gonorrhea, place considerable trust in the complement fixation test for gonococcus infection.

The book is beautifully printed and illustrated and a copious bibliography appears at the end of each chapter. The illustrations by W. I. Didusch are very satisfactory.

Clinical Urology is altogether an admirably written, handsomely printed and illustrated book, which any physician would be proud to possess.

FUNDAMENTALS OF CLINICAL NEUROLOGY. By H. Houston Merritt, M.D., Fred A. Mettler, M.D., Ph.D., and Tracy Jackson Putnam, M.D. The Blakiston Co., Philadelphia, 1947. 289 pp., including index. \$6.00.

This is an excellent companion book to one recently published and entitled *Neurosypphilis*, of which one of the authors (Dr. Merritt) was co-author, also reviewed in this issue. *Fundamentals of Clinical Neurology* is a brief, but adequate and extremely practical presentation of the subject with primary emphasis on diagnosis. Only brief attention is paid to treatment.

The book is divided into two parts. Part I deals with the examination of the nervous system. Part II with the anatomic diagnosis.

Since syphilis may attack any and every part of the central nervous system, a book of this character naturally deals with its neurologic manifestations under a great variety of diagnostic and anatomic headings. It should prove invaluable not only to students and general practitioners, but also to syphilologists in connection with their neurologic examination of patients.

The book is handsomely printed, illustrated and bound. The diagrams and photographs add greatly to the value of the text.

MODERN CLINICAL PSYCHOLOGY. By T. W. Richards, Ph.D. New York, McGraw-Hill Book Co., 1946. 331 p. \$3.50.

In this book will be found much of practical value to those who are interested in the role of sex in life—from infancy through childhood, adolescence, and into the adult experiences of courtship, marriage, and parenthood. Especially valuable from the standpoint of social hygiene are the chapters on motivation. The several chapters devoted to the appraisal of capacity, motivation, and control impress one with the care, patience, insight and, above all, the time that is necessary in order to arrive at even tentative conclusions regarding personality disorders. This is in strong contrast with the snap diagnoses and quick cures offered by some of the marriage counseling services to which marital problems of great complexity and often of great chronicity are brought.

Physicians, nurses, educators, social workers, and others having a background of professional training will find this book helpful. It is especially recommended to social hygiene workers.

MODERN DERMATOLOGY AND SYPHILOLOGY. By S. Wm. Becker, Clinical Professor of Dermatology, University of Chicago, and Maximilian E. Obermayer, Clinical Professor and Chairman of Department of Dermatology, University of Southern California. J. B. Lippincott Co. 2nd Ed. 983 pp., plus index. \$18.00.

The first edition of this book was reviewed in the February, 1941, issue of the *JOURNAL OF SOCIAL HYGIENE*. It

is, as stated there, an extremely useful, lucid, complete account of syphilis and diseases of the skin.

The second edition has been extensively revised with emphasis on the view that dermatoses are processes rather than morphologic entities. Many new ideas on diagnostic technique and treatment methods have been added including proper emphasis on vitamin therapy. Growing out of the experiences of World War II, considerable attention is given to tropical diseases.

The section of 200 pages devoted to syphilis could by itself have made a small book. It is remarkably complete, practical and up-to-date for a book of this character. The 17 chapters on syphilis begin with the etiology, pathology and immunology, range through all aspects of the diagnosis and treatment of early, latent, late and prenatal or congenital syphilis, and end with chapters on the curability and the social aspects of syphilis.

One of the interesting and valuable features of this work is a section at the beginning of each chapter entitled "orientation." Under this heading the authors discuss the general setting and relationships of the material to be dealt with in the chapter.

This book by two outstanding teachers can be recommended not only to specialists in this field, but also to medical students and others who are interested in a practical up-to-date text.

NEUROSYPHILIS. By H. Houston Merritt, A.B., M.A. (Hon.), Raymond D. Adams, M.A., M.D., and Harry C. Solomon, B.S., M.D. New York, Oxford University Press, 1946. 443 p. \$11.00.

The authors have written a book which, in the opinion of this reviewer, is not only outstanding in its field, but is one of the most satisfactory medical books published in recent years. It should be on the shelves of every syphilologist, neurologist, psychiatrist, and internist.

A detailed discussion of neurosyphilis is presented under the generally accepted classification of this subject, namely, asymptomatic neurosyphilis, meningeal neurosyphilis, vascular neurosyphilis, parenchymatous neurosyphilis, and gumma. Following this, there are

chapters devoted to congenital neurosyphilis, "puzzles and errors," cerebral spinal fluid and treatment. The discussion is based largely on the experience of the authors in Boston hospitals. One of the most valuable features of the presentation is a large number of illustrative case histories.

Under each main and sub-heading there is an adequate history of the development of medical knowledge in that particular field, an excellent and well illustrated presentation of the pathology, and a sufficient number of case histories to emphasize the clinical aspects of the subject. The discussion of treatment is sufficiently up to date to include some preliminary information about penicillin and the remarkable results it produces especially in meningo-vascular syphilis.

Unlike the general run of medical books, *Neurosyphilis* has literary merit. Some of the descriptive writing is worthy of the best medical literary traditions of the English language. One illustration may be given:

"The pains of tabes dorsalis are common and highly characteristic. . . . In over 75 per cent of our patients, lightning pains were experienced at some stage of the disease. . . . They may be mild or of such agonizing severity as to drive the patient to self-destruction. They may appear in fits or attacks of a few minutes' duration or may last for a period of several days. Ordinarily they are sudden, brief, fleeting stabs of pain, usually quick as lightning, whence they derive their name 'lightning' or 'lancinating' pains, but they may be of diffuse and persistent nature. Patients verbalize these sensations in simile and metaphor, e.g. 'as if my flesh were pierced with a hot needle,' 'like your bones being crushed,' 'sparks of pain.' As a rule intervals during which the patient is free of pain may separate the attacks. In addition, there are other discomforts and cramps which are commonly ascribed to rheumatism because of their relation to changing barometric conditions, i.e. pains come with renewed intensity on cold damp days. The pains are usually in the legs; less often back, arms, and face, sometimes traveling from one spot to another and at other times remaining confined to one small area with a maddening persistence. When the latter is the case, the muscles in that region may become cramped and the skin in the affected area may

become hyperesthetic or may itch so infernally that the flesh is debried by constant rubbing. The pains, when present, are not altered by changes in activity, such as standing, walking, etc. A peculiar feature of the pains is the way in which they reduce a composed person to a disorganized, sobbing, utterly incapacitated cripple. In the excitement of these terrible sensations they may express themselves in such a dramatic exaggerated manner that physicians are inclined to discredit them."

This is reminiscent of the writing of Alphonse Daudet in his classical monograph called (in the English translation) *Suffering*.

There are touches of restrained humor. In writing about the suggestibility of paretics, the author cites the following case: "Two maiden ladies labored unsuccessfully for more than twenty years to get their dentist brother to forego his Saturday night poker game and beer drinking with his cronies. Finally they succeeded but only because the paretic process had reduced his resistance."

A copious bibliography is appended to each chapter, but there is no general index of authors to whom references are made. In fact, the subject index of the book leaves something to be desired. There are fifty-eight illustrations, many tables and graphs and the printing and general appearance of the book are excellent.

PENICILLIN IN SYPHILIS. By Joseph Earle Moore, M.D. Charles C. Thomas, Publisher, Springfield, Ill. 2nd Ed., 4th printing, 1947. 731 pp., 109 figures, index, 122 tables. \$7.50.

This is, so far as I know, the third important book to be published in English on penicillin, previous books having been published by Dr. John Comer and Sir Alexander Fleming. However, this is the first book on penicillin and its use in the treatment of syphilis. It will be generally agreed that no one is better qualified than Dr. J. E. Moore to write such a book. He is not only one of the best known authorities on syphilis, but he was Chairman of the Sub-Committee on Venereal Diseases of the Committee on Medicine of the National Research Council throughout the war. Under this Sub-Committee co-

ordinated research was carried on by 44 excellent clinics to determine as speedily as possible the usefulness of penicillin in the treatment of syphilis. Dr. Moore's book covers this subject with clarity and completeness as of October, 1946.

The text deals with the chemistry and pharmacology of penicillin; next with the activity of penicillin against various infections including experimental syphilis and the mechanism of action of penicillin as applied to syphilis as a systemic disease. The author then plunges into the use of penicillin in the treatment of syphilis, devoting two chapters to early syphilis, one to latent syphilis and then proceeding to syphilis of certain anatomical structures including the cardiovascular and central nervous systems. There is a brief chapter at the end on streptomycin in syphilis.

Penicillin in Syphilis is completely indexed, beautifully printed, and sufficiently illustrated. I know of no more fascinating book for the perusal of the physician interested in syphilis. For such, it should be required reading. The author explains that this is not a complete work on syphilis, and refers to his other excellent text, *The Modern Treatment of Syphilis*. Few present-day writers achieve the lucidity and economy of expression that is a pronounced characteristic of Dr. Moore's writing.

SYNOPSIS OF MEDICINE. 8th Edition.

By Sir Henry Letheby Tidy, K.B.E., M.A., M.D., B.Ch. (Oxon.), F.R.C.P. (Lond.). Baltimore, The Williams and Wilkins Co., 1945. 1215 p. \$7.50.

The fact that Tidy's *Synopsis of Medicine* has run through eight editions since 1920 is evidence of its popularity among physicians in the English-speaking world. Those physicians who are acquainted with this book find it among the most useful of medical publications due to the speed and ease with which essential information about common diseases can be gleaned from it. As indicated in the title, this work is synoptic in form. Material which in the regular textbooks of medicine occupies many pages, in Tidy's *Synopsis* is boiled down to the briefest form without, however, sacrificing too much in the way of vital information.

The eighth edition contains many changes due to the rapid advance of medical knowledge during the last five years. Authors of comprehensive books on medicine at times must feel discouraged to note the progress of medical sciences outstrips their and the publishers' best efforts. Before works of this character can be released to the public they are already to some extent unavoidably out of date. Thus this edition of Tidy's *Synopsis* contains practically nothing about penicillin.

The ordinary difficulties of publishing a book have been augmented in this case because of the bombing of the publishers' printing presses on two occasions. On one such occasion a large number of reprints of the seventh edition were destroyed.

As in all books on general medicine, syphilis bulks large here. The scope of the discussion is reasonably adequate for a book of this type and on the whole it is a satisfactory presentation except in the matter of treatment which, from the American point of view, is out of date, though it is known to reflect, at least to a considerable extent, the accepted methods of syphilis treatment in Britain. American physicians will not be willing to go back to the old system of intermittent treatment with neoarsphenamine and bismuth with long rest periods, which is the only method suggested in this text for the treatment of early syphilis. Most American physicians will not be favorably impressed with the importance assigned to the iodides in treatment.

Among other points with regard to which our views generally differ from those of the author may be mentioned the use of "primary, secondary, and tertiary" as the stages of syphilis—entirely overlooking latent syphilis and ignoring the classifications now accepted in the United States of "early, latent, and late" syphilis. We also doubt that Noguchi actually cultivated *spirochaeta pallida* on artificial media, as the author seems to believe. Throughout the author refers to the Wassermann reaction instead of using the more comprehensive term "serological tests for syphilis" and, furthermore, appears to give too much weight to the value of serological tests and to "provocative" tests. The term

"para-syphilis" is used in this text as if it still had accepted currency.

It is perhaps too much to expect that the use of penicillin in therapy would have been included in this book but it is reasonable to look for an account of the more intensive methods of treatment which have been well developed in this country. Mention might properly have been made of mapharsen and similar products which before the advent of penicillin had very wide use in the United States, and still do. It is to be hoped that the next edition may be more nearly up to date, particularly in the matter of therapy.

Brief attention is given to complications of gonorrhea, such as gonococcal arthritis, for example. Lymphogranuloma venereum is mentioned but the recognition of tartar emetic as the treatment of choice will not be very favorably received in the United States.

Notwithstanding the criticisms which have been mentioned above, Tidy's *Synopsis* will remain extremely popular with general practitioners and medical students and justly so. To them it is heartily recommended.

TREATMENT OF GONORRHEA IN THE FEMALE IN CLINICS OF NEW YORK CITY.

TREATMENT OF GONORRHEA IN THE MALE IN CLINICS OF NEW YORK CITY. Published by the Social Hygiene Committee, New York Tuberculosis and Health Association, September, 1946.

These two reports give brief summaries of the treatment of gonorrhea in the male and female in clinics of New York City. Each clinic is discussed briefly and separately. The reports are the work of two committees: Gonorrhea in the Female, headed by Emily D. Barringer, M.D., and Gonorrhea in the Male, headed by Howard S. Jeck, M.D. Jacob Goldberg, Ph.D., collaborated in the preparation of the reports.

The reports, which are the first made since 1944, indicate very substantial

progress in the treatment of this infection, but lay great emphasis upon the necessity for persisting with adequate follow-up activities in order to make sure of cure.

THE UNCONQUERED PLAGUE—A Popular Story of Gonorrhea. By Harry Wain, M.D. International Universities Press, New York. 1947. 125 p. \$1.50.

The author of this book has succeeded admirably in his objective, to tell the story of gonorrhea "the commonest plague of mankind." In an attractive paper covered "digest-type" of format is provided a comprehensive, interestingly written description of gonorrhea, which will supply information to the physician as well as to the lay reader. The chapters on the history of the disease are unusually complete and could be read with profit by many medical men.

Separate chapters are devoted to the gonococcus, gonorrhea in men, gonorrhea in women, and ophthalmia neonatorum. Prostitution, sexual promiscuity, and prophylaxis are also discussed extensively. In the chapter on treatment, the author brings the book up to date by including the very latest form of penicillin therapy. The style is simple, and the facts explained in a calm, unemotional manner. Technical terms and phrases are held to a minimum. Of exceptional value to the lay reader is the glossary, while the index provides ready access to individual features of this well written handbook.

An interesting feature of the way the book is written, and one which enhances its usefulness to lay readers, is the use of "slang expressions, vulgar and ungraceful terms, not from choice, but from necessity, for gonorrhea is not an aristocrat among diseases but an extremely common disease of the people, and its story must be frankly and plainly told."

It is recommended as a useful and medically accurate story of gonorrhea and the damage it has wrought both to individual and public health, and should have a place in any library on social hygiene topics.

THEODORE ROSENTHAL, M.D.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Annual and Special Reports

- A LONG LIFE AND A MERRY ONE, radio script, Columbia Broadcasting Company. Second in series on health and welfare.
- ANNUAL REPORT OF THE CHILD STUDY ASSOCIATION OF AMERICA—1946. Child Study Association, 221 West 57th Street, New York 19, N. Y.
- EDUCATION FOR RESPONSIBLE PARENTHOOD QUARTERLY REPORT, January–March, 1947. Mississippi Social Hygiene Association, Box 1700, Jackson, Mississippi.
- JUNIOR DEPUTY SHERIFFS' LEAGUES MANUAL. A manual for guidance of sheriffs and deputy sheriffs in organizing boys groups, by Paul S. Rameau, 120 pages. Price \$2.00. National Sheriffs' Association, 644 Transportation Building, Washington 6, D. C.
- LET THERE BE LIGHT! Thirty-Second Annual Report of the National Society for the Prevention of Blindness 1946, 1790 Broadway, New York 19, N. Y.
- MENNINGER FOUNDATION FIFTH ANNUAL REPORT, 1945–46. The Menninger Foundation, Topeka, Kansas.
- NATIONAL URBAN LEAGUE THIRTY-SIXTH ANNUAL REPORT, 1946. National Urban League, 1133 Broadway, New York 10, N. Y.
- ONE HUNDRED SELECTED BOOKS: Catalogue of current material available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.
- PECKHAM EXPERIMENT, THE—a study in The Living Structure of Society by Innes H. Pearse, M.D., and Lucy H. Crocker, B.Sc. George Allen & Unwin, Ltd., London.
- PROBLEM OF CONTROLLING THE READING OF UNDESIRABLE PERIODICAL LITERATURE, THE. Brief Presented to Saskatchewan Library Advisory Council, November 25, 1946. 15 pages and appendices, mimeographed.
- THE SCHOOL ADMINISTRATOR, PHYSICIAN, AND NURSE IN THE SCHOOL HEALTH PROGRAM, A report Sponsored by the National Conference for Cooperation in Health Education and Published by the Metropolitan Life Insurance Company as *School Health Monograph No. 13*.
- SHOULD OUR PUBLIC SCHOOLS EDUCATE FOR MARRIAGE AND FAMILY RELATIONS? Forum, Town Meeting of the Air, Volume 12, Number 47. 24 p. 10 cents. The Town Hall, Inc., New York 18, N. Y.
- SUMMARY OF PROCEEDINGS, CONFERENCE ON INTERNATIONAL SOCIAL CASE WORK PROBLEMS ARISING FROM THE PRESENCE OF AMERICAN TROOPS IN FOREIGN COUNTRIES, National Social Welfare Assembly, Inc., 1790 Broadway, New York 19, N. Y. 1946. 32 p. 25¢ each.
- THE STRUGGLE FOR ATOMIC CONTROL, William T. R. Fox. Public Affairs Pamphlet No. 129. 32 p. 20¢.
- UNIFORM CRIME REPORTS for the United States and Its Possessions, Annual Bulletin 1946, issued by the Federal Bureau of Investigation, Washington, D. C., XVII, Number 2.
- VENEREAL DISEASE CONTROL ANNUAL REPORTS 1944–1945. Division of VD Control, Provincial Board of Health, British Columbia. Published 1946, Victoria, B. C., Canada.
- YOUR ADVENTURE IN FRIENDSHIP, A Guide for Big Brothers. Big Brother Movement, New York, 1947. 50 pages. Price 50 cents.

Pamphlets for Professional Workers

- GUIDE TO HEALTH ORGANIZATION IN THE UNITED STATES, by Joseph W. Mountin, Medical Director, and Evelyn Flook, Administrative Analyst, U. S. Public Health Service. Misc. Pub. No. 35. 85 p. 20 cents. Order from Supt. of Documents, U. S. Government Printing Office, Washington 25, D. C.
- MATERNITY HOMES FOR UNMARRIED MOTHERS—A Community Service, Maud Morlock and Hilary Campbell. 1946. 94 p. 20 cents. U. S. Government Printing Office, Washington 25, D. C.

- PHYSICAL FITNESS WORKBOOK, Thomas Kirk Cureton, Ph.D. C. V. Mosby Company, St. Louis, Mo. 1947. 150 p. \$2.50.
- STUDIES IN HEART DISEASE. Booklet for professional use of exhibit charts. Copies limited to reference use. Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.
- WOMEN WORKERS. Outlook for women in occupations in medical and other health services. 1946. 55 pages, illustrated, 15¢. Women's Bureau Bulletin 203, No. 12. U. S. Printing Office, Washington 25, D. C.

Pamphlets for the Public

- GONORRHEA—ITS CAUSE, ITS SPREAD, ITS CURE. VD Folder No. 5. \$1.50 per 100. Federal Security Agency, U. S. Public Health Service, Washington 25, D. C.
- PROBLEMS OF GROWING UP, by Eva F. Dodge, M.D., 16-page pamphlet prepared by the State Board of Health for the Mississippi Social Hygiene Association, Box 1700, Jackson, Mississippi.
- PROTECTING THE UNBORN BABY FROM SYPHILIS. VD Folder No. 3. \$1.50 per 100. Federal Security Agency, United States Public Health Service, Washington 25, D. C.
- SYPHILIS—ITS CAUSE, ITS SPREAD, ITS CURE. VD Folder No. 4. \$1.50 per 100. Federal Security Agency, U. S. Public Health Service, Washington 25, D. C.
- WEDDING PLANS. VD Folder No. 4. \$1.50 per 100. Federal Security Agency, U. S. Public Health Service, Washington 25, D. C.
- YOUR HEART. Educational booklet for general public. Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.

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Public Health and Medical

- THE BULLETIN, U. S. Army Medical Department, March 1947. *War Department Venereal Disease Council.*
- April, 1947. *Venereal Disease in the Army*, Major General Norman T. Kirk.
- CONNECTICUT HEALTH BULLETIN, April, 1947. Blood Tests for Syphilis, E. K. Borman and F. L. Mickle.
- FLORIDA HEALTH NOTES, February 1947. *Venereal Disease Control in Florida*, R. F. Sondag, M.D., Florida State Board of Health.
- ILLINOIS MEDICAL JOURNAL, April, 1947. *Rapid Treatment Program for Syphilis*, L. M. Schuman, M.D.
- JOURNAL OF AMERICAN MEDICAL ASSOCIATION, January 4, 1947. *Penicillin in the Treatment of Neurosyphilis: a study of one hundred cases followed twelve months or more*, A. S. Rose, M.D., H. C. Solomon, M.D.
- Treatment of Early Syphilis with Penicillin*, T. H. Sternberg, M.D., and William Leifer, M.D.
- JOURNAL OF NEGRO EDUCATION, Spring, 1947. *Some Health Education Implications of the Physical Examinations of Negroes in World War II*, Gladycy H. Bradley.
- JOURNAL OF THE IOWA STATE MEDICAL SOCIETY, April, 1947. *The Diagnosis and Treatment of Congenital Syphilis*, F. E. Simpson, M. D.
- JOURNAL OF VENEREAL DISEASE INFORMATION, January 1947. *A Transport Medium for Neisseria Gonorrhoeae*, T. C. Buck, Jr.
- Penicillin Therapy of Acute Balanitis*, J. C. Cutler, C. M. Sidell, and S. Levitan.
- Streptomycin Therapy of Penicillin-Resistant and Sulfonamide-Resistant Specific and Nonspecific Urethritis*, Edwin J. Pulaski, Captain, M.C., A.U.S.
- February, 1947. *Prenatal Syphilis, Report of Two Families*, George Fein, M.D., and E. R. Ohle, M.D.
- Rapid Treatment of Early Syphilis with Penicillin in Beeswax and Oil*, Evan W. Thomas, M.D., Simeon Landy, M.D., and Corinne Cooper, M.D.
- The Herzheimer Reactions of Relatively Small Doses of Penicillin*, Sidney Olansky, Senior Assistant Surgeon (R), USPHS.
- March 1947. *The Evaluation of Culture Mediums for the Routine Isolation of the Gonococcus*, J. D. Thayer, J. H. Schubert and Matthew A. Bucca.
- Observation on the Direct Oxidase Test as Applied to Gonococcal Colonies Grown in Certain Mediums*, Matthew A. Bucca and J. D. Thayer.

- Syphilitic Nephrosis; A Report of Two Cases*, Sidney Olansky, Senior Assistant Surgeon, and Georges McCormick, M.D.
- April, 1947. *Rapid Treatment Centers and Hospitals Providing In-Patient Treatment for Venereal Diseases (List)*. A list of 35 rapid treatment centers and general hospital facilities, officially sponsored by Federal, State or local health agencies.
- The Rural Public Health Nurse in Venereal Disease Control*, Frances S. Buck, Senior Assistant Nurse Officer (R).
- Venereal Disease Interviewing*, Howard P. Steiger, Passed Assistant Surgeon (R), and Jane Barbara Taylor, R.N.
- May, 1947. *The Cost of Venereal Disease Contact Investigation in Tennessee*, Emerson L. Crowley, B.S., and C. B. Tucker, M.D.
- North Carolina's Experience with the Investigation of Suspected Venereal Disease Contacts*, William P. Richardson, M.D., and Charles R. Council, B.A.
- Public Health Service Districts, District Directors, State Health Officers, and Venereal Disease Control Personnel in States (Lists).
- Significance and Interpretation of Quantitative Blood Tests for Syphilis*, Maurice C. Shepard.
- June, 1947. *Considerations with Respect to the Application in Private Practice of Penicillin Therapy for Early Syphilis*, Onis G. Hazel, M.D.
- Diagnosed Cases of Syphilis and Gonorrhea Reported for the First Time in the United States and Territories by Quarters*.
- Penicillin Therapy for Syphilis in Pregnancy*, Mortimer Speixer, M.D., Gerald Flaum, M.D., Dabney Moon-Adams, M.D., and Evan W. Thomas, M.D.
- Private Physician Reporting of Syphilis Morbidity*, F. C. Beelman, M.D.
- MEDICAL TIMES, April, 1947. *Notable Contributors to Our Knowledge of Syphilis*. Herman Goodman, M.D.
- MICHIGAN PUBLIC HEALTH, February 1947. *Some Fundamentals in Venereal Disease Control*, J. A. Cowan, M.D.
- MODERN MEDICINE, February 15, 1947. *Obscure Problems of Syphilis*, Udo J. Wile, M.D.
- NEW ENGLAND JOURNAL OF MEDICINE, February 20, 1947. *Penicillin in the Treatment of Gonorrhea in Women*, G. E. Perkins, M.D., and H. M. Brewster, M.D.
- Syphilis*, G. M. Crawford, M.D.
- OHIO STATE MEDICAL JOURNAL, February 1947. *Responsibility in Venereal Disease Control*, R. E. Heering, M.D.
- OHIO STATE MEDICAL JOURNAL, April, 1947. *The Penicillin Treatment of Gonorrhea in the Female: A Study of the Time-Dose Ratio*, A. C. Barnes, M.D., and R. F. Daly, M.D.
- OREGON HEALTH BULLETIN, January 8, 1947. *Changing Venereal Disease Control Aspects*, G. D. Edwards, M.D.
- PUBLIC HEALTH NEWS (New Jersey), February, 1947. *Venereal Disease Control Services for Migrant Workers*, Henry Cowan.
- PUBLIC HEALTH NURSING, May, 1947. *The Nurse in a Changing Venereal Disease Program*, M. Elizabeth Pickens, R.N.
- Treatment Progress in Venereal Disease Control*, Norman R. Ingraham, Jr., M.D.
- What Is a Consultant?* With special reference to the venereal disease field, John H. Stokes, M.D.
- QUARTERLY BULLETIN, Wisconsin State Board of Health, January-March 1947. *Public Health Nurses Lend a Hand Against Venereal Diseases*, M. W. Meyer, M.D.
- YOUTH LEADERS DIGEST, February 1947. *Does America Need a Compulsory Health Law?*, Arthur J. Altmeyer.

Youth in the World Today

- HYGEIA, April, 1947. *Moral Health Versus Juvenile Delinquency*, W. H. Richardson.
- JOURNAL OF HOME ECONOMICS, May, 1947. *Our Responsibility to Boys and Girls*, Edna B. McNaughton and Mariana T. Nelson.
- LIBERTY, May 24, 1947. *Why Girls Go Wrong*, outline of operation of The Psychiatric Service of the San Francisco City Clinic, Edith M. Stern.
- YOUTH LEADERS DIGEST, April, 1947. *The Neighborhood and the Vulnerable Child* (Chapter V Juvenile Delinquency—Practical Prevention), Ben Solomon.

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Community Action Number



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EDITORIAL

The Community in Action

As this Community Action Number of the JOURNAL OF SOCIAL HYGIENE reaches its readers, throughout the country local Community Chest drives are or will shortly be in progress. We, the American Social Hygiene Association, as a community-conscious organization heartily endorse the Community Chests of America and all that they represent. Perhaps this is best expressed in a letter from the White House, signed by the President of the United States, which says, in part:

“The Community Chest is a thoroughgoing American idea that wins a warm response from all of us. We can be sure that our nation is sound at the core when citizens unite whole-heartedly and of their own free will to build the good community in their home towns. And that’s what happens in a Chest campaign. Here people of all faiths, political parties, national and racial backgrounds forget the many small things that divide them. They remember the one big thing that unites them: their common humanity.

"In a Chest campaign we capture some of the very elements of unity and good will toward which the United Nations are even now patiently working. As we prove that these words, unity and goodwill, really work in our own communities, we can more confidently expect them to work in the world."

The ASHA has cooperated with Community Chests throughout the years, and has helped, through the individual activities of its Board Members, sponsors, professional staff, and members, in many communities to bring about the development and organization of local Community Chests. The ASHA bases its program and activities on the principle of united effort to benefit the entire community.

A significant fact to most of our readers is that ASHA this year, 1947, and in 1948, as well as in earlier years, has cooperated with Community Chests to the extent of participating in and benefitting financially from a number of these campaign drives. Our fundamental principles are the same and we are firmly united in widely extended areas of community work. This is a further reason why friends of social hygiene will want to bring enthusiastic efforts to the 1948 Chest campaigns.

We heartily recommend to our readers, members and friends of social hygiene that they welcome the Community Chests annual drive throughout the country, and that they support not only financially, but by personal participation this annual effort for we feel that this American institution is the real essence of COMMUNITY ACTION.

PHILIP R. MATHER,

Chairman, Finance Committee, American Social Hygiene Association



ARMED WITH RESOLUTION

SOCIAL HYGIENE EDUCATION IN THE COLORADO CONGRESS OF PARENTS AND TEACHERS

MRS. A. A. WEARNER

Social Hygiene Chairman, Colorado Congress of Parents and Teachers

The social hygiene program of the National Congress of Parents and Teachers seeks to relate sex to the whole of life, the good life, through continuous education planned and carried out by all who lead youth, particularly in the home, church and school.

In Colorado we have approved this broad, constructive interpretation of social hygiene education. We believe such education will bring increased happiness and stability to both the individual and the family, and will also indirectly decrease venereal disease, prostitution, promiscuity, divorce, and other social evils.

The point of view is expressed in a set of Resolutions adopted by the Colorado Congress by an overwhelming vote at its biennial convention in April, 1945, following the adoption of similar resolutions by the National organization in 1944. The National Resolutions follow:

WHEREAS, The National Congress of Parents and Teachers believes that a well-planned program of social hygiene instruction should be instituted in the public school systems of the United States; therefore, be it

RESOLVED, That this Congress support the efforts of Federal, state, and local educational authorities to institute such a program; and be it further

RESOLVED, That it is the conviction of this Congress that the need for providing adequate juvenile protection; preventing the spread of venereal infection, and providing more adequate personal, family, and community living demands that instruction concerning the psychological, social, and health aspects of sex development and behavior be planned and carried into effect; that such instruction, adapted to various needs and maturity levels, begin with the pre-school child, continue throughout public school training, and carry over into the education of adults—particularly parents; and be it further

RESOLVED, That this Congress commend the interests and efforts of the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and other Federal, state and local governmental and voluntary agencies working on this problem; that this Congress pledge its support in any effort to promote a social hygiene educational program so planned as to result in better family and community living.

These resolutions, circulated among teachers at the Colorado Education Association meetings, sent to the heads of teacher-training departments of all Colorado universities and colleges, and emphasized wherever possible, have formed the basis of the state-wide program.

As chairman of the Colorado Congress' Social Hygiene Committee since September 1943, I have had the opportunity to implement this program by speaking on some phase of sex education to approximately two hundred groups of parents and teachers and of youth in Junior

and Senior High Schools, churches, Y.W.C.A.'s, U.S.O.'s, homes for unmarried mothers and private clubs. I have always been humbled by their profound interest, deep appreciation, and visible release from conflict.

With the youth groups three to six sessions are desirable. I always introduce my subject with apologies that such important material is still generally omitted from planned education below the college level, saying that their evaluation of our discussions together will help adults to set up a more nearly ideal program. Oral and written questions and group discussion are encouraged. The blackboard is in constant use for lists and simple diagrams. To acquaint them with the opinions of experts in the field to each group are taken some books, booklets for sale and publications lists of simple, well-written, authentic material.

Usually a few interested adults sit in the background. They are forgotten as discussion proceeds.

At the close of the last session the young people of each group are asked to answer anonymously the following questions:

1. Have you been helped by these discussions? How?
2. How can the home, school and church be of more help to their growing boys and girls?
3. On what subjects would you like more help?

The few who have said "no" to the first question have usually explained that they are already well informed. Two in one group asked, "Why do we bring this filth into our school?" The most common remark has been: "I didn't know before that these things could be talked about decently."

Recreation and earlier and better sex education were chosen almost unanimously as the matters needing most attention in home, church and school, to make these institutions more helpful to youth.

Last year 650 parents and teachers in 29 small groups following our discussions, submitted written answers to these questions:

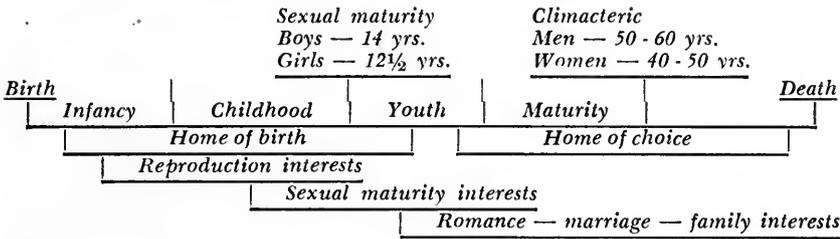
1. From what source did you get your early sex information? What was your reaction to it?
2. What is your policy with your own children?
3. What do you want the school to do?

Friends were cited as the most common source of information and were judged both good and bad, as were all the other many sources mentioned. In answer to the second question, 575 wrote, "I tell the truth as well as I can." Replying to question 3, 577 said they wanted the school to furnish sex education. Only 12 said they avoided all sex questions at home and only 9 did not want sex education in the schools.

For all groups the same outline was used, with varying approach and emphasis, expanded or contracted in whole or in part, to fit the time allowance and group interest. This outline can be summed up in the following salient points and diagrams.

1. It is not our privilege to determine *if* and *when* sex education should be given, since it will be acquired anyway. We can only decide what kind of teaching job we will each do through our actions, attitudes and conversation. The worst kind of sex guidance comes from refusing it consideration.
2. Attitudes are always more important than information.
3. Even if parents could do a perfect home job of sex education the school, church and other character building agencies would still have their particular job to do. They must confirm and enrich what the home has begun. To omit it is to condemn it.

Sex interests and needs are related to the whole span of life as illustrated by the diagram below, built always on the blackboard with audience participation.



The main line divisions denote experiences common to the human race regardless of color, religion, wealth or education.

The family both of one's birth and of one's choice is the time-honored device which makes possible the greatest satisfaction and happiness for the individual and the most effective background for each generation.

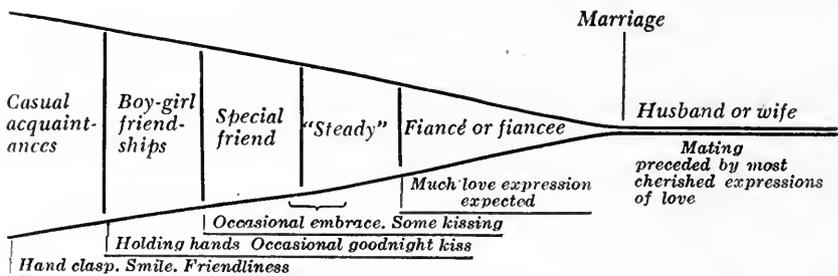
4. *Normal needs and interests in reproduction.*
 - a. Wholesome attitudes toward all parts of the body, including the genital organs.
 - b. Correct names for eliminative organs and processes.
 - c. Adjustment to differences in private and public customs regarding elimination.
 - d. Awareness and acceptance of differences in body structure of mother and father, sister and brother.
 - e. Simple facts of the miracle of creating life through mating,

fertilization, pregnancy and birth in humans, animals and plants and related to normal incidents, stories, pets, etc.

(The best help for those beset by fear and embarrassment about sex facts is given by discussing good answers to the three common questions of the preschool child: "Where did I come from? How did I get out?", and "How did I get started?")

5. *Normal needs and interests in sexual maturity.*
 - a. Understanding body changes preceding sexual maturity in both boys and girls.
 - b. Explanation and significance before they occur of seminal emissions and menstruation for both boys and girls.
 - c. Provision of sanitary napkin machines in school toilets serving fifth and sixth grade girls. Instruction in their use.
 - d. Wide normal variation in age as regards time of sexual maturity.
 - e. Personal hygiene.
 - f. Boy-girl friendships, increasing social responsibility.
6. *Normal needs and interests in romance, marriage and family.*
 - a. Review of facts of reproduction and sexual maturity (with diagrams).
 - b. Dating, petting, basis for convention, chastity for both sexes.
 - c. Choice of marriage partner, heredity, family planning.
 - d. Marriage success and failure, home making, child training.
 - e. Community protection for marriage and family: laws and enforcement, recreation, welfare agencies.
 - f. Promiscuity, pre-marital pregnancy, venereal diseases and prostitution.

Much visual and statistical material is available for discussion of the points under *Number 6*. Simple diagrams on the board are helpful. The one below can be built, with audience help, to show the normal



progress of friendship to love and marriage, and the gradual increase of acceptable physical expressions of affection.

It is always fun to build this diagram, bringing some fresh air and sunshine to these oft-times taboo subjects. Responsibility must be kept even with privilege; "wolves," male and female, must be disposed of. It is pointed out that basic conventions have accumulated from the ages, distilled from much human experience. That by its conventions society seeks to safeguard and make most effective the institutions by which it perpetuates itself—marriage and the rearing of children.

If the interest of the group is focused on a school program, the following points are emphasized, applicable also to other organizations.

1. The increasing prestige of the family as the basic unit of our society should make education for family living our most important obligation and should receive the combined effort and support of all who guide youth.
2. The school has the largest assemblage of a learning group. Most of the group will become parents and never again will most of them be available for family life education.
3. Each teacher has special subject matter, classroom facilities, and personal attitudes of potential value in this area of education.
4. The adolescent, shy and self-conscious, especially needs the impersonal, objective classroom approach.
5. The adolescent seeks security in his own group and assurance from respected adults outside the home. The importance of the home decreases rapidly as that of the school, church and community increases.
6. Group attitudes and standards are improved and stabilized by group study, discussion and activity.
7. Sex guidance can be put into any school program by incidental teaching from kindergarten through high school, by adding integrated units in related subjects from fifth grade through high school, and by adding one or more special classes in high school such as *Health and Human Relations* or *Marriage and Homemaking*.

Educators would do well to consider the use of statistics and case histories available from agencies dealing with the serious and acute problems of youth and adults. These facts mirror our failure with the boys and girls of yesterday and should be valuable in preventive education if studied constructively by the boys and girls of today.

This material, presented sincerely, has been well accepted in every group. My whole effort is directed toward keeping children normal and toward helping adults to regain honesty, simplicity and idealism

concerning the physical, emotional and social aspects of sex and sex education.

I have found various publications on this subject of inestimable value. Some of those I have used and recommended are listed below. Much encouragement and cooperation has been given me by teachers and ordinary parents, like myself, who seek to meet the needs of youth more adequately.

For Children

- Being Born, Frances B. Strain.
- Growing Up, Karl De Schweinitz.
- *Your Own Story, Faegre.
- My Body and How It Works, Baruch and Reiss.
- The New Baby, Bell & Faragoh.

For Youth

- Teen Days, Frances B. Strain.
- Love at the Threshold, Frances B. Strain.
- *Understanding Ourselves, Faegre.
- Looking Toward Marriage, Johnson, Randolph & Pixley.
- *Growing Up in the World Today, Clapp.
- Building Sex Into Your Life, Paul Popenoe.
- *Growing Into Maturity, Crisp.
- *Building Your Marriage, Duvall.
- Your Marriage and Family Living, Paul Landis.

For Adults

- *When Children Ask About Sex, Child Study Association.
- Meeting Youth Needs, Mabel Leshner, M.D.
- Home Study Course in Social Hygiene Guidance. Roy E. Dickerson.
- Adolescence and Youth, Paul Landis.
- New Patterns in Sex Teaching, Frances B. Strain.
- Sex Guidance in Family Life Education, Frances B. Strain.
- Your Child and His Family and Friends, Frances B. Strain.
- Step by Step in Sex Education, Edith Swift, M.D.
- When You Marry, Evelyn M. Duvall and Reuben Hill.
- You and Heredity, A. Scheinfeld.
- Modern Marriage, Paul Popenoe.
- Sex Education in the Home, Frances B. Strain.**
- Units in Personal Health & Human Relations, Biester, Griffiths & Pearce.

* Inexpensive booklets for sale through the Colorado Parent-Teacher Office, Denver.

** Written at the request of the Catholic Church.

For information on books and pamphlets write to

PUBLICATIONS SERVICE

AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway

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SOCIAL HYGIENE—A PARENT-TEACHER OBLIGATION*

MAYOLA S. CENTER

National Chairman, Committee on Social Hygiene, National Congress of Parents and Teachers

The past few years have seen a marked and growing interest in social hygiene education. The modern parent is learning to seek help on almost every family problem, particularly his children's sex education. "What shall I say," a mother asks, "when my child wants to know how life begins? How much shall I tell him at his age?" And from the parent of an older child: "How can we get social hygiene (including sex education) taught in the public schools?" Or "My fourteen-year-old son needs some help at this particular stage, but I can't talk to him. What shall I do?"

It is true that many parents have done a good job with this type of guidance, yet thousands of others, restrained by tradition or inhibitions, have failed to give their children an adequate sex education.

A Parent-Teacher Obligation

As they watch the mounting rate of juvenile delinquency, thoughtful Americans are sensing the need to throw an arm of protection around all children and youth. To meet this need and carry forward a continuous program of service to all young people, the National Congress of Parents and Teachers embodied in its 1946 convention findings a most significant statement:

"Vitaly necessary today is . . . social hygiene education, beginning in the home and continuing in the school. Such education should be made a part of the total school health program, not a separate section of the curriculum, although it should be carried on by adequately trained teachers."

This statement is a dual challenge to all parent-teacher associations—to provide the means of helping every parent in the school area with his children's sex education, and to encourage school administrators to make social hygiene an accepted and integral part of the school health program.

What must be done to meet the double force of this challenge? First, each P.T.A. should give its parents a chance to discuss their common problems and acquire a common knowledge. They must understand that the fostering of healthy attitudes and habits begins at birth and proceeds side by side with all other teaching. Sex is not something one can start to teach at such-and-such an age and stop at any given time. No parent's task is ended when he has answered the questions any child will ask!

* Reprinted by permission from *National Parent-Teacher*, December, 1946.

Since children's attitudes begin to form in their early years, it is parents who really set the stage for the development of sound, untroubled ideas about sex. When the child enters school, his opinions are, of course, greatly affected by those of his companions and of his teachers. Certainly parents need to see that all these influences can be good.

In the second place, then, P.T.A. members should be concerned with what the schools are doing to help children develop wholesome sex standards. And here, of course, the teacher's own qualifications for fostering these standards are immensely important. Each P.T.A. should discover whether its classroom teachers are well prepared and willing to give whatever sex guidance is needed. Still more important, its members should ask themselves whether they are doing all they can to support a good program of social hygiene education.

There are, moreover, certain very practical questions by which a P.T.A. can check its community's facilities for social hygiene education. What is the local health department doing to give parents and teachers an understanding of the status of communicable diseases, especially the venereal diseases? What are the rates of venereal disease infection in the community? Does the local health department assist with all types of health education? What sort of health and moral protection program does the community offer to safeguard its children and youth?

How to Teach the Truth

Broadly interpreted, social hygiene education means education for a happy, healthy way of life. It means the development of wholesome attitudes toward every aspect of our relations with other people, including high ideals about sex and about the behavior of boys and girls, men and women. It means learning to guide a strong emotion into constructive channels, without the old motives of fear and prejudice.

Obviously the way in which any particular teacher deals with this subject depends as much on her own skill and experience as on the content of the course. Social hygiene should always be taught by adequately trained teachers, capable of fostering sound, positive standards and emotionally and academically fitted for the task.

Social hygiene education may be, and has been, carried on successfully in many public schools, although—sad to say—some communities are not yet ready to accept it. Indeed the fear of popular objection to any education concerned with sex is a strong factor preventing progress in this field.

Actually the likelihood of protest and objection is often exaggerated by teachers and administrators. Many of them tell of looking for storms of protest, only to find their efforts commended rather than condemned. Moreover, it has been found that the public is not likely

to be critical of social hygiene education if it is approached from the standpoint of improving family life and personal adjustment.

On the other hand, no program exclusively concerned with reproductive processes or venereal disease or physiological development can be regarded as satisfactory. Especially at the secondary level the scope of the program should be broad enough to consider all the vital human situations that grow out of the association of the two sexes. It should even go beyond this into the whole realm of individual and group relations.

A complete program, therefore, should include information relating to biological, social, and personal adjustments; boy-girl friendships, the choice of a mate, and preparation for marriage; a stable family life; and general social welfare. Its goal should be the building of a positive set of values and a satisfying philosophy of life for all youth.

Methods of the Moderns

Many schools have found, after experimenting with content and methods, that this type of instruction can be given most successfully by incorporating it into several courses rather than making it a course in itself. That is, the material of social hygiene is introduced into courses in science, social science, or family life whenever it is pertinent and natural to do so. This approach has the twofold virtue of neither focusing too much attention on the subject nor emphasizing features that may alienate public support.

In addition, the school should provide all students with plentiful opportunities for individual counseling and guidance. Every young person, at one time or another, feels the need to take his personal problems to someone outside the family in whom he has implicit confidence. And here the school must help the home. If parents have not yet found a vocabulary in which to talk with their children about matters of great personal importance, good teachers and counselors should assume this responsibility.

But the school cannot do it all. Good homes, an appreciation of spiritual values, and wholesome community influences will also go a long way toward giving the boys and girls of today the kind of character training that will enable them to stand firm under the pressures of life.

One function of any live and vigorous P.T.A. is to see that new knowledge of benefit to children and young people is put into immediate practice in home, school, and community. In the field of social hygiene we have at hand a great deal of important information. Let us make every effort to use this significant material in a worth-while program of social hygiene education.

A COMMUNITY FAMILY LIFE INSTITUTE

P. K. HOUDEK

Executive Secretary, Kansas City Social Hygiene Society

It seems that everybody's talking about Family Life. Much of the talk is an attempt to place the blame for the *status quo*. Once parents, teachers, the church, and the movies have been roundly criticized, the legion of speakers and writers sit proudly back and await for the stimulus of their venom to cure the ills of our social structure. All the while, parents, teachers, church leaders, and social workers keep asking how, where, when, and what they can do to aid their families attain lasting happiness.

In an attempt to answer these questions and to do something constructive on the problems of family life, the *Kansas City Family Life Institute* was held April 28th to May 3rd, 1947. It attracted 7,419 people to thirty-four sessions and left a cash balance of \$238.44.

Origin and Organization

For many years the Kansas City Public Schools have had a department of *Family Life Education* which, through cooperation with the Parent-Teachers Association, conducts well-organized parents' classes in family life. Dr. Esther E. Prevey, Director of this department, in 1945 was responsible for the organization of the *Kansas City Family Life Council*, composed of representatives of twenty-two public and private agencies that have programs in family life education. This council voted to sponsor an *Institute on Family Life* and approached the Family and Child Welfare Council of The Council of Social Agencies which readily agreed to act as co-sponsor of the Institute. Each of the Councils appointed six members to a steering committee. Although new to Kansas City, the author of this article was asked to be chairman of the steering committee because of his experience with similar institutes in Illinois.

From the outset it was recognized that family life is the concern and problem of a great many community organizations and that cooperation is a *must*.

The Steering Committee, appointed by the sponsoring councils, was composed of lay leaders and professional social workers. This committee studied an important reprint *How to Conduct an Institute*,¹ defined the purposes, set the dates, adopted a budget, made a general program, and drew up the plans for the larger institute committee. Each of the forty members of the two sponsoring councils was asked to present the general plan of the institute to his official board for approval and to name two members to the institute committee.

¹ Brown, Groves, Rustad; *How to Conduct an Institute, Marriage and Family Living*, Vol. III, No. 3, August 1945.

The steering committee selected Mayor William E. Kemp and his wife as joint chairmen of the institute because of their interest and example. Sub-committees with chairmen from the steering committee and members from the larger institute committee were appointed to deal with program, finance, contacts, publicity, books and pamphlets, speakers, chairmen, rooms-arrangements and hospitality. Approximately one hundred lay and professional leaders representing fifty-three cooperating agencies were involved in the work of the institute. This organization combined the feature of the small working group with the larger influential advisory group.

Publicity

All of the usual methods of publicity, announcements, press and radio were used. Perhaps the best publicity was secured from the wide participation on the various committees in charge of the various parts of the institute. Being a part of the working group and in many cases making a contribution to the underwriting fund brought many groups into a real interest in the plans, purposes and program. Mimeographed announcements and a printed preliminary program were widely distributed. They brought many questions and aroused wide interest. Members of the committees made special efforts to keep their groups informed. Thus, with no great amount of effort, good publicity was secured.

Program

Early in the discussion by the steering committee it was evident that there are many different groups interested in family life. To meet the needs of many of these groups the program was planned with three aspects.

First were planned four seminars for those whose interest was sufficient to bring them to a series of meetings. The seminar on counseling was particularly planned for ministers and others who have a responsibility for personal counseling in the area of marriage and the family. The three sessions were devoted to basic principles, method and cases. At each session a period of general discussion and questions followed the initial presentations. The seminar for parents had four sessions with the following topics:

1. *The Art of Being a Mother*
2. *Will Your Son or Daughter Be a Good Marriage Risk?*
3. *Boys and Girls Are People, Too*
4. *The Struggle for Independence, Two to Twenty*

Each of these sessions was scheduled for an hour and a half to give time for a period of questions and answers. The seminar *Education for Human Relations* was set up for teachers, supervisors, and administrators in the public and private schools of Kansas City. To keep the discussion on a professional level, registrations were on an invitation basis and limited. The philosophy and basic assumptions of education

for human relations in the family were given the principal emphasis. The three sessions were timed to permit the attendance by school people. The seminar *Family Life Education* was planned for teachers and leaders of parents classes, chairmen of home and family committees from various organizations, and professional people interested in the methods of teaching the principles of family life to adults. The two sessions of the seminar included considerable discussion and the presentation of practical problems. Each of the four seminars was on an advance registration basis, tickets were required for admission, and casual visitors were discouraged. Members of the seminar groups were encouraged to attend every session and a large majority did so. Appropriate free and low cost pamphlets were secured and distributed at each of the seminars. This service was greatly appreciated, and in many cases the supplies were soon exhausted. The public library cooperated by preparing a list of books on various topics in family life. These were widely distributed during the Institute and served to stimulate further interest and study.

For the general public and for those who were unable to attend the seminars, five public meetings were provided. Three were evening meetings held in public auditoriums. The topics were *The Family To-Day and Tomorrow*, *The Fun of Being a Father*, and *What Has War Done to Family Life?* Two of the public meetings were of particular interest to professional people. The topics were *The Family and Duties of the State Toward the Family*.

The third aspect of the program was an attempt to take the institute to special groups by providing speakers for meetings that were regularly scheduled during the week of the institute. The sixteen sessions of this part of the program included six public and parochial high schools, five college and university chapels, two church organizations, two professional groups, and one service club. A considerable number of other such programs could have been scheduled if the speakers' time had been available.

The particular significance of this aspect of the program was that it presented various phases of family life problems suited to the special interests of the group as a part of the regular program of the organization. The wide range of groups covered and the nearly five thousand attendance at these meetings gave the institute good general acceptance and served to focus the attention of the community on the problems of the family during the week of the institute.

Staff

The staff of the institute was selected after the general program had been outlined. There were a few items added after the staff had been secured to make use of their special abilities, but essentially the program was set first and the staff secured to fill the needs of the program. The staff included:

Dr. Clifford R. Adams, Director, Marriage and Counseling Service,
Pennsylvania State College; Dr. C. Charles Burlingame, Associate Professor,

Columbia University, Chairman of the Committee on Public Education, American Psychiatric Association; Dr. Muriel Brown, Consultant, Family Life Education, U. S. Office of Education; Dr. Benjamin C. Gruenberg, noted author and lecturer in the field of human relationships and education, formerly on the staff of the American Social Hygiene Association; Miss Ethel Kawin, specialist in field of child guidance and education, lecturer, University of Chicago; Miss Muriel Lester, lecturer, formerly Director of Kingsley Hall, East End, London; Reverend A. H. Scheller, S.J., Director, School of Social Service, St. Louis University.

Finance

The original budget was set at one thousand dollars. Approximately half of this amount was secured in advance by twenty-two individual and organization contributions to the underwriting fund. In the case of many of the groups who had special programs, their contribution was what they would normally pay a special speaker. The seminars were the only sessions for which an admission charge was made. These charges were one and two dollars for the series. At this point it was necessary for the steering committee to display their courage and belief in the institute.

Receipts

Twenty-two contributions to underwriting fund (44%).....	\$ 575.00
Seminar registrations	731.00
Books and pamphlets sales.....	86.05
	<hr/>
	\$1,392.05

Expenditures

Staff members—fees and expenses.....	\$ 890.47
Printing	103.55
Books and pamphlets.....	84.16
Postage, telegrams, paper and misc.....	75.43
	<hr/>
	\$1,153.61
Balance on hand.....	\$ 238.44

Records

The chairman or secretary of each meeting was asked to fill out a report form and summary. From these the following figures indicate the attendance:

Attendance

Seminars	1,354
Public meetings	1,075
Special group meetings.....	4,990
	<hr/>
Total	7,419

An analysis of the above shows:

Adults (Men, 710; Women, 2,297).....	3,007
Students (Boys, 2,383; Girls, 2,029).....	4,412

Evaluation

While it is impossible to evaluate the institute in terms of better family life in Kansas City, an attempt was made to pool the impres-

sions left by the institute in an *evaluation conference* held about a week after its close. Twenty-five members of the committee and representatives of some of the special groups met for a two-hour session. The purposes of the institute were read and the various sessions were discussed in detail. A number of letters were read and many left written impressions for the records. In a brief summary, it is impossible to give the many reactions. There seemed to be general agreement on the following:

- a. The immediate purposes of the institute had been accomplished.
- b. The public acceptance indicated a real interest and need for help with problems of the family.
- c. The Institute should be repeated.
- d. The staff was very capable. Their basic philosophy was sound and stimulating. While time did not permit answers to many of our specific questions, the talks were quite practical. Of necessity, in many cases, interpretations and applications were left to the audiences.

Evaluation in terms of action can be presented in two cases. The seminar for school personnel has resulted in one meeting of the leaders of that group and plans have been formulated for a series of meetings to implement the suggestions of the seminar. The members of the counseling seminar asked for further meetings. An organization of marriage and family counselors has resulted.

One specific recommendation has been made. The students at Kansas City Junior College, who had one of the special group meetings, have, through their representatives to the evaluation conference, asked for more lectures on marriage and if possible a course in the preparation for marriage.

Conclusion

The problems of family life need concerted action by the many groups and agencies interested. Only through cooperation can we hope to unite these groups and attack the problems. The interest is there, the leaders and resource specialists are available. It can be done. It's a lot of work. It's worth it.

NOTE: The author has available a limited number of the printed programs of the institute that may be secured by addressing him c/o Kansas City Social Hygiene Society, Room 404, 1020 McGee Street, Kansas City 6, Missouri.

COMMUNITY CONCERN FOR SOCIAL HYGIENE FUTURES

COOPERATIVE EFFORTS TOWARD STABILIZATION OF FAMILY LIFE

MRS. MEREDITH NICHOLSON, JR.

Executive Secretary, Indianapolis Social Hygiene Association

A most heartening report was recently issued by the U. S. War Department, declaring a 30 per cent drop over last year in venereal disease rates in the Army at home and abroad. An accompanying announcement credited the improved situation to stringent orders sent out last January by Secretary Patterson to all commanders. His letter ordered cooperation with civilian authorities in "reducing the reservoir of infection in the adjacent community," control of sale of liquor to troops, tightening of discipline and instructing Army surgeons to emphasize moral factors in their talks to troops on sex hygiene. This concern with the contributory factors as well as with the symptoms of venereal disease is surely social hygiene education at its best.

The reference of the War Department to civilian communities may serve to remind us that a big job lies ahead for those of us who are concerned with the abatement of venereal disease, prostitution and sexual promiscuity. We are still feeling the psychological impact of the war. Old, familiar patterns have been broken; new ones are not yet clear.

Thus it behooves any community sincerely interested in human betterment to scrutinize itself in the light of social hygiene objectives; objectives which we now understand as not only fighting venereal disease *per se*, but as cultivating a reformation of attitudes toward sex in relation to social well being.

There are a number of areas on which we will need to cast an inquiring eye. Foremost among these is, of course,

HEALTH

Is there a modern venereal disease control program operating in the community? During the war clinical facilities for the treatment of venereal disease were expanded. These hard won gains must be maintained, and the already perceptible apathy of the public toward control of venereal disease must be checked. Is there competent contact-tracing, so vital in breaking the chain of communicable disease? We need the medical profession, the public health department, and the public health nurses, all working cooperatively to insure the acceptance on the part of the public of the need for adequate clinical facilities. Is there arrangement for a social follow-up of infected patients? It is significant that the venereal diseases are also called "social diseases." It is imperative that a community undertake an

attempt at social re-direction and counseling of infected persons, for only through changed patterns of living is the possibility of patients becoming re-infected lessened.

LAW ENFORCEMENT

In the realm of law enforcement we need not only a clean town, as far as unremitting efforts to abolish commercialized prostitution are concerned, but also an assumption on the part of the police for protective and preventive police work. Modern police techniques involve not only the apprehension of law violators but the breaking up of incipient vice. Highly important, too, is the intelligent correlation of police work to the public and private social work resources of the community.

RECREATION

What does the community have to offer in the way of leisure-time activities for both youth and adult groups? Do we have merely the routine layout of parks and playgrounds, but with no really stimulating program planned for them so that all citizens are eager to employ these resources? Are the group-work agencies of the community really trying to reach down to capture the interest of the least resourceful, the most rejected of the town—the erstwhile kids at the knotholes at the ball park, who have their modern counterpart in the youngsters who jostle their way, unpaid, into the movie theatres, often to sit through several performances of theatrical fare highly unsuited for young minds? Or are we content to let the group work serve only the top level, who bring to the program glossy, ready-made ideas, rather than just the urgent needs of the other group? It is a truism that when legitimate needs are met, outlaw needs disappear. The least common denominator of sex is often the recourse of young people for whom the community has planned no wholesome leisure-time activities.

HOUSING

Several years ago a spot map was made of Indianapolis, showing areas producing known venereal infections. Another map indicating sub-standard living and blighted housing areas, would not have satisfied the statisticians, but would have reflected the same geographical information. Certainly one of the most powerful determinants of social climate is housing. A dollars-and-cents case against slum housing could be taken from the health department records of any city. Rotting floors and lack of plumbing make even minimum standards of hygiene impossible of attainment. It may be added that four people sleeping in one bed is not conducive to establishment of respect for one's physical person.

EDUCATION

Because we have so long used the euphemistic term *Social Hygiene Education* many people have only a nebulous idea as to what the term really covers. It is best understood by being broken down into two

divisions. First, the job a social hygiene committee can do in assisting the medical profession and the public health department in disseminating information on the venereal diseases, including widespread education regarding the prevalence and the dangers of untreated venereal disease, and the local resources for treatment. In short, a social hygiene committee can be the purveyor of popular health education to bulwark the efforts of the doctors and the health department. Technical health education is another matter, and should be carried on only by professionally trained persons.

The other phase of social hygiene education, that is, sex education, education for family life, or human relations, is less easily understood. The popular conception, or rather misconception, is that sex education is a set of facts, a pat formula. Many of these who are calling most loudly for sex education in our schools conceive such education to be an academic capsule containing the "facts of life," to be administered to the child at a given age. The larger conception is that of building in our young people high standards of sex conduct, developing their responsibility regarding the social, ethical and eugenic aspects of sex. To instill in each succeeding generation ideals of emotional sincerity, of family loyalties; this is the real challenge. Whose job then, is this? The question has been bandied about for years. Shall it be the home, the school, the minister, or the family doctor? The question has not been resolved, and we seem to be missing our opportunity. We have come a long way since the days when fathers took their young sons out to the woodshed and gave them the scare of their young lives about prostitutes and venereal disease. Still, there is ample evidence to indicate that we as adults are failing to inculcate in the young people whose futures we are moulding, the wholesome attitudes which we know will best serve their personal relationships. The schools say it is a job for the home, and parents are looking to the schools, the churches and the social agencies for help.

Perhaps the answer is that it is everybody's job—this building of ethical standards of sex conduct in young people. However, as in many cases of divided responsibility, nobody is carrying the ball. One of the vital contributions a social hygiene committee can make is to correlate and integrate the efforts of parents, schools, churches and social agencies to counteract the negative influences of our modern culture. Of course such a program requires leadership, which seems to be sadly lacking everywhere. We find many persons who feel entirely confident as far as the negative side of character education is concerned, but who are timorous about helping in a program of positive emotional development.

THE INDIANAPOLIS PLAN

The Indianapolis Social Hygiene Association is making an attempt to meet the situation through an *Institute for Family Life Education*. In conjunction with Indiana University, the Indiana State Board of Health, and the Indiana Congress of Parents and Teachers, this one-week course was given at Indiana University in late August, 1947.

From each of ten Indiana towns there was enrolled a team of three persons—a parent, an educator, and a representative from the health field. Dr. Lester Kirkendall, director of the Chicago Association for Family Living, conducted the course, assisted by faculty members from Indiana University, DePauw University, and selected lay persons. The plan is for these teams to provide the nucleus for social hygiene committees in their local communities. This plan may seem like working on the glacier of indifference with an ice pick, still it is a start, and we hope to make the institute perennial. We are persuaded that the *long-range goal of social hygiene is the stabilization of family life. Ipso facto, happier, healthier individuals!* For, pondering the causative factors in sexual irregularities, venereal disease, broken homes, we realize that housing, recreation, health education and law enforcement are contributory. But these are all, in a sense, external influences. The final determinant in any culture lies in the quality of individuals. Sexual delinquency, and its concomitant, venereal disease, are actually the harvest of our indifference to the emotional needs of a generation. We can plant in the hearts of children ideals of honor, chastity and self-discipline and hope to prevent much of the venality of adult life.

SOCIAL HYGIENE DAY 1948

As this issue of the JOURNAL goes to press, the date of February 4, 1948, may seem to be slightly remote, but the ASHA Division of Public Information and Extension has been at work for some time on program plans for the 13th Annual National Social Hygiene Day.

The approach of the program to VD problems is to be two-fold with emphasis on case-finding, in support of the U. S. Public Health Service's campaign to drain the pool of VD infection by finding and bringing under medical care the approximately 155,000 cases of syphilis and 825,000 cases of gonorrhea that are now each year escaping diagnosis and treatment. Emphasis also is to be placed on stepping up every aspect of preventive efforts, particularly family life education and law enforcement. On all aspects of the program efforts in thousands of communities will aim to heighten the effectiveness of individual community work.

As details of the program plans for National Social Hygiene Day, February 4, 1948, are completed they will be reported in forthcoming issues of the Social Hygiene News and Journal of Social Hygiene.

HONORARY LIFE MEMBERSHIP FOR DR. CHESLEY

As announced in the March JOURNAL, Thirty-fourth Anniversary Number, an Honorary Life Membership for Dr. A. J. Chesley, State Health Officer for Minnesota, was among the 1947 awards made by the American Social Hygiene Association. The citation was made at a Joint Meeting of the Conference of State and Provincial Health Officers and the Canadian Public Health Association on May 20, in Quebec, and since Dr. Chesley was unable to be present there, a second ceremony was later held at Coffman Memorial Union, University of Minnesota, in the presence of the members of the State Board of Health, the staff of the Department and others of Dr. Chesley's colleagues.



ALBERT JUSTUS CHESLEY, M.D.

THE CITATION

One way of measuring a man's worth is to consider what the history of his times and the setting of his life might have become without his influence. This method, like any other ordinary yardstick which one might try to apply to the subject of these remarks, will not do in his case. It is clearly impossible for those who have known and worked with Dr. Chesley through the years to visualize the scene without him. It would be even more preposterous to attempt any speculation as to what might have happened differently had he not been there. There is no room for hypothesis. He was always there. Usually ahead of the rest of us.

For example, take his connections with the State of Minnesota. He was born in Minnesota (September 12, 1877, say the excellent vital statistic records of that State); he was educated in Minnesota (Doctor of Medicine, University of Minnesota, 1907); he got his first job in Minnesota with the State Board of Health (assistant bacteriologist was the first full-time assignment, but he had worked in the state laboratory all the way through medical school, from 1902); he has worked for the same boss ever since, having been Secretary and Executive Officer of the State Board since 1921. For twenty years, from 1925 to 1945, he was Professor of Public Health in the State University's Department of Preventive Medicine.

Nobody could very well think of health in Minnesota's last forty years without Chesley there.

Or consider his part in the affairs of the Conference of State and Provincial Health Authorities of North America. For more than a third of the history of this sixty-three year old organization, founded in 1884 to serve as a clearing-house and policy-planning agent for official public health activities in the United States and Canada, Dr. Chesley has been the king-pin. He became Conference President in 1924, served until 1927, and for the next twenty years was Secretary-Treasurer, 1946 being the first year he has succeeded in getting his annual resignation accepted. It would be hard to picture Conference matters during this quarter-century, which compassed the problems of World War I's postwar period, a major economic depression, and a second World War—without Chesley's hand among those on the helm.

Chesley knew war from first-hand experience. He was 21 when he enlisted in the Thirteenth Minnesota Volunteer Infantry, which saw service during 1898-99 in the Spanish-American War and the Philippine Insurrection. In 1918-19 he went to France as public health expert for the American Red Cross, and in 1919-20 he served in Poland as Chief of Staff for the ARC Commission. In 1940, when Minnesota's vast park areas were selected as the scene of the first National Guard Maneuvers in the Defense Program, Chesley was there again, planning months ahead of the mobilization date for the welfare and health protection of the Guardsmen during their stay in the State of Lakes. Calling on the American Social Hygiene Association for advice, he set up a plan which involved patrols by the State Police, careful inspection by state authorities of applications for cottage and trailer-camp permits in the camp regions, and other safeguards against the invasion of camp-followers and the venereal disease infections they are prone to spread. The results of this preparation were summarized in a letter from the Corps Surgeon in Charge of Medical Services during the maneuvers, which said, in part: "There was no undue prevalence of any type of communicable disease; and further, since the completion of the maneuvers, with the return of regular Army troops to home stations and the demobilization of the National Guard troops back to civilian status, there has been no report to this office of venereal infection . . ."

The Chesley program of planning ahead, seeing the job through, and measuring results is well shown by Minnesota's social hygiene work developed under his direction. Trained in bacteriology, and epidemiology, and having served in both those departments of the State Board of Health, he early saw the dangers and the opportunities in venereal disease control and prevention. In 1914 he was appointed Director of the Board's newly created Bureau of Preventable Diseases, and in 1917, when the State of California appropriated funds to set up a war emergency social hygiene program and borrowed Dr. Harry G. Irvine of Minnesota to direct it, Dr. Chesley gave every assistance to the development of the project. In 1917 he secured a Commission in his own state and arranged for the return of Dr. Irvine as Minnesota's

State Director of Venereal Disease Control. Dr. Irvine is still there, and in a characteristic disclaimer of personal credit, Dr. Chesley says of the Minnesota program: "Irvine has been responsible for it through World Wars I and II, and in the years between, with emphasis right along on the positive aspects of social hygiene education, through courses in high schools and colleges in anatomy, ethics and sociology. A series of teaching units for use in high schools will be published in 1947."

Minnesota was one of the states showing the smallest proportion of venereal disease infections—less than 7 per thousand men—among Selective Service candidates in World War II, and as in other states having long-range social hygiene educational programs, it is believed that this preventive campaign had much to do with this fine health record.

After assigning due credit to his efficient staff in other fields as well as in social hygiene, there seems to be plenty left over for the Chief, according to competent judges. The pioneer American Child Health Association held him a member of its Board of Directors. The American Public Health Association, of which he is a fellow, elected him President in 1930. He has served on the Board of Scientific Directors of the Rockefeller Foundation's International Health Division. He is an Honorary Fellow of Britain's Royal Sanitary Institute. The American Medical Association (he is a Fellow) values him as a member of its Joint Committee with the National Education Association on Health Problems in Education. He is a member of various professional organizations, including the Hennepin County Medical Society, the Minnesota State Medical Association, the Association of Military Surgeons of the United States and the American Epidemiological Society, and of groups such as the National Society for Prevention of Blindness, the Veterans of Foreign Wars, the Order of Masons, Nu Sigma Nu Fraternity, and the American Social Hygiene Association. For the latter organization he has served as a member of the Board of Directors, a vice-president, and on various special and standing committees, being at present a member of the committee on Nominations.

These contributions as they stand could well serve as a basis for Dr. Chesley's election by the Association's 1947 Committee on Awards as an Honorary Life Member, and the Committee takes pleasure in setting down the facts. But quite aside from noting social hygiene cooperation and achievement, we desire to record here, on behalf of the many who share his friendship, a warm affection for and a deep appreciation of a stout-hearted fellow-worker in whom idealism, humor, common-sense and wisdom are equally measured and well mixed for the benefit of all with whom he has to do.

NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension,
American Social Hygiene Association*

USPHS Announces 1947-1948 Federal Appropriation for VD Control and Intensified Case-Finding Campaign.—From the office of Dr. J. R. Heller, Jr., Chief, Venereal Division, United States Public Health Service, comes the announcement of a new Federal appropriation, under the Venereal Disease Control Act of 1938, for the fiscal year July 1, 1947-June 30, 1948, set at \$17,399,500. This allocation is to finance the Venereal Disease Division, USPHS, general grants-in-aid to states, the rapid treatment center program, as well as special projects. The new appropriation is an increase of \$159,500 over the 1946-1947 budget of \$17,240,000.

Currently the VD Control Division is engaged in an intensive case-finding campaign. For several years past, venereal disease control activities have been concentrated on case-finding but it is only within recent months that an intensified program has swung into action. A feature of the campaign's educational work is the publication by the VD Education Institute, Raleigh, North Carolina, in cooperation with the U. S. Public Health Service, of a handsome, 16-page, 8½ x 11-inch brochure entitled “. . . the undiscovered—the challenge to VD control today.”

The material in this booklet is based on an exhibit and paper presented by the Venereal Disease Division, USPHS, at the 74th Annual Meeting of the American Public Health Association, at Cleveland, Ohio, November 12-14, 1946. It contains dramatically presented statistics with charts, graphs and pictures under the following divisions:

Treatment Today, Before and After Penicillin, Implications of Rapid Therapy, The Status of Case-Finding, Current Methods of Case-Finding, and Patient Management. Under the heading **WANTED . . . the unreported 155,000—**to apply for treatment of their own accord, is presented *Case-Finding in the Control of Syphilis* by Dr. Heller.

Everyone interested in social hygiene work and VD control program should have a copy of this excellent, graphic presentation of facts and figures. For copies write to the VD Education Institute, Raleigh, North Carolina.

Boys' Club of America 41st Annual Convention.—With an attendance of 800, the Boys' Clubs of America 41st Annual Convention held at the Drake, Chicago, May 5-8, was dedicated to the theme *Guiding the Citizens of Tomorrow*. A program to intensify and make more effective the Clubs' programs of individual guidance in behavior, attitude, and vocations was launched. It reaffirmed the unusual

opportunity Boys' Clubs have for effective guidance because of the large number of boys from low income families in everyday contact with leaders. The program is designed to combat crime and Communism, to discover and meet individual needs, to develop individual skills and arouse ambitions, to create a sense of personal and property rights, and to develop proper attitudes towards family, religion, education, work, and government.

Among the outstanding speakers who discussed boys in relation to national and international problems were Captain Eddie Rickenbacker, President, Eastern Airlines; Dr. Jay B. Nash, Chairman of the Department of Physical Education and Health, School of Education, New York University; Dr. Preston Bradley, pastor, The Peoples Church of Chicago; Edgar A. Guest, poet and member of the National Board of Directors, and David W. Armstrong, Executive Director of the Boys' Clubs, who reported there are now 287 member Boys' Clubs with 275,000 membership.

As reported in the *Boys' Club Bulletin*, May, 1947, issue, New Officers and Directors are as follows: William Edwin Hall, *president*; Frank S. Mason, *honorary vice president*; and William Ziegler, Jr., *secretary*, were re-elected. Jeremiah Milbank was elected *treasurer* to fill the vacancy caused by the resignation of Albert H. Wiggin after twenty-six years of service. Mr. Wiggin remains on the Board of Directors. New directors elected were: Wendell W. Anderson, President, Bundy Tubing Company Detroit; Albert L. Cole, General Manager, *Readers Digest*, Pleasantville; James A. Farley, Chairman of the Board, Coca Cola Export Sales Company; General C. W. Gaylord, President, Gaylord Container Corporation, St. Louis; Frederick B. Hufnagel, Former President, Crucible Steel Company, Greenwich; James S. Kemper, Chairman of the Board, Lumbermens Mutual Casualty Company, Chicago; John C. Macfarland, Former President, Los Angeles Bar Association, Los Angeles; Nicholas H. Noyes, Vice President, Eli Lilly and Company, Indianapolis; Fred D. Parr, President, Parr-Richmond Terminal Corporation, San Francisco; and George A. Scott, President, Walker's Department Store, San Diego. Boys' Clubs executives elected to the Board of Directors include Harry G. Gorman, Boys' Club Association of Indianapolis, Paul A. Samson, Springfield, Mass., Boys' Club, and G. Dana Younger, Kips Bay Boys' Club, New York City.

General Bliss Succeeds General Kirk as Surgeon General.—Major General Raymond W. Bliss was sworn in on June 2, 1947, as the new Surgeon General of the United States Army by Major General Edward F. Witsell, The Adjutant General. General Bliss succeeds Major General Norman T. Kirk, who has been Surgeon General for the past four years. General Kirk plans to retire to his home at Montauk, Long Island, New York. General Bliss, who was born at Chelsea, Massachusetts, in 1888, received his degree of Doctor of Medicine from Tufts College, Medford, Massachusetts, and was commissioned first lieutenant in the Medical Corps of the Regular Army in May 1913. He was military observer in London prior to the U. S. entry into the war, and was appointed Surgeon of the First Army and Eastern Defense Command in 1942. In July, 1943, he was assigned as Chief of Operations and in August 1944 as Assistant Surgeon General. He became Deputy Surgeon General in January 1946. He is a fellow of the American College of Surgeons and received an honorary Doctor of Science Degree from Tufts College in 1943. He

holds the Distinguished Service Medal, the Legion of Merit, French Legion of Honor and the Award of the Italian Crown.

General Armstrong Made Deputy Surgeon General.—The appointment has been announced of Brigadier General George E. Armstrong, former Chief of the Office of Personnel, Office of the Surgeon General, as Deputy Surgeon General, a post previously held by Major General Raymond W. Bliss who has been made Surgeon General.

General Armstrong was born at Bedford, Indiana in 1900. He received his B.A. and degree of Doctor of Medicine from the University of Indiana and became a first lieutenant in the Medical Corps in 1926. Early in the war he organized and operated at Medical and Administrative Corps Officer Candidate School at Camp Bradley, Texas. Later he served in the China-Burma-India Theater of Operations where he organized a Field Medical School for Chinese Army Medical Officers at Kweilin. In 1943, he became Deputy Chief Surgeon of the CBI Theater and later Chief Surgeon. He returned to the United States in June, 1946, and was assigned to the Office of the Surgeon General. In recognition for his services overseas, he was awarded the Legion of Merit, and received the Cloud and Banner and Legion of Honor from the Chinese Government.

Army Engineers to Build \$40,000,000 Medical Center.—According to a recent announcement by Major General Raymond W. Bliss, The Surgeon General, what is planned to be the greatest medical research center in the world will be built at Forest Glen, Maryland, by the Corps of Engineers of the United States Army. The initial cost is estimated at approximately \$40,000,000 and construction will be supervised by the District Engineer, Washington, D. C., Engineer District.

Officially designated as "Army Medical Research and Graduate Teaching Center," the project will consist of a 1,000-bed general hospital, capable of expansion to 1,500 beds; the Army Institute of Pathology building; the Army Medical Museum and Center Administration building; Central Laboratory Group buildings; and the Army Institute of Medicine and Surgery. A working library, animal farm, quarters for the staff and other buildings are included in the plans.

Located just outside of Washington, the new Army Medical Center will have the advantage of close relationship to the Walter Reed General Hospital, the Naval Medical Center, the medical schools of the District and the proposed new Washington Medical Center, with all of whom ideas can be interchanged. In addition, members of the District of Columbia Medical Society, among them some of the finest specialists in the world, and medical experts from other Government departments, will be available for consultation. The Center will also cooperate with the National Bureau of Standards, the National Institute of Health and the National Research Council.

The Center will serve to bring together many important units now scattered in various parts of the United States; the Medical Nutrition Laboratory now located at Chicago will be brought here, as will the

Medical Field Research Laboratory now located at Fort Knox, Kentucky, and the Surgical Research Unit now located at Fort Sam Houston, Texas.

Army Nurse Corps Offers Commissions to World War II Nurses.—The commissioning of Colonel Florence A. Blanchfield, Superintendent of Nurses, as the first permanent Regular Army Officer of the Army Nurse Corps, by General Dwight D. Eisenhower, Chief of Staff, on July 18, 1947, marked the final step in the slow rise of Army nurses to full recognition in the Service. It is the desire of the Army to give nurses who served with the armed forces in World War II an opportunity to rejoin the Army Nurse Corps and make a career of military nursing.

Colonel Blanchfield, who completed thirty years service August 31, 1947, said at the time of her commissioning, "We hope that the creation of the Regular Army Nurse Corps will serve as an incentive to some of the 60,000 American women who served as Army nurses during the last war to seek a career in the Army. The authorized strength of this new component has been set at 2,558 and registered nurses with previous military service, between the ages of 21 and 44, may apply for commissions in the Regular Army." Information concerning appointment in Officers Reserve Corps for Army Nurses is given on SG Form 39, 10 July 47.

Admiral McIntire Named Director Red Cross Blood Program.—Basil O'Connor, president of the American Red Cross, has announced the appointment of Vice Admiral Ross T. McIntire, former Surgeon General of the U. S. Navy, and a member of the ASHA Board of Directors, as director of the ARC's new national blood program. The wartime surgeon general will have full supervision over "the most far-reaching health program in the peacetime history of the Red Cross," according to Mr. O'Connor. The program contemplates furnishing blood and its derivatives free of charge to all in the United States.

"It is realized," Mr. O'Connor added, "that a program of this magnitude will require three to five years before its benefits can be extended to the entire citizenship of the nation. Under Dr. McIntire's leadership and guidance, this new activity is assured of reaching every community in the land."

The Vice-Admiral, who retired as surgeon general on April 1 last after thirty years' Navy service, said he was "pleased to be of service in so vital a program which has as its objective the saving of countless lives and the prevention of needless suffering."

National Committee for Mental Hygiene Announces Federal Appropriation, Issues Annual Report.—According to an announcement by Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, the \$4,650,000 recently appropriated by Congress to put into effect the National Mental Health Act makes possible the

immediate implementation of state plans for setting up clinics, training psychiatric personnel and carrying on research. Dr. Stevenson emphasized that it is now the responsibility of every citizen to know what his state is doing with the funds and to see that they are used to best advantage for improving mental health conditions.

The passage of the National Mental Health Act in July, 1946, representing the culmination of five years' effort by mental hygiene leaders to get such legislation before Congress, is the highlight of the Committee's Annual Report for 1946. The Act was signed by President Truman on July 3, 1946, and the broad purposes of it are:

1. to foster and aid research relating to the cause, diagnosis and treatment of mental illness. The measure provides for the erection and equipment of a research institute to be operated by the U. S. Public Health Service as a center for experimentation and specialization in this important field, and provides for grants to research centers whereby such work can be supported and carried on independently;
2. to provide for training of personnel needed in the mental health field;
3. and to assist through grants in the establishment of mental health clinics for the discovery, diagnosis, and treatment of persons with psychiatric disorders.

The U. S. Public Health Service will be assisted in the administration of this Act by a National Advisory Mental Health Council. This Council is composed of specialists, as follows, appointed by Dr. Thomas Parran, Surgeon General of the United States:

Dr. William C. Menninger, Topeka, Kansas, formerly Chief of Psychiatric Services for the Army (member of the Psychosomatic Research Committee of The National Committee for Mental Hygiene); Dr. Frank F. Tallman, Commissioner of Mental Diseases, Department of Public Welfare, Columbus, Ohio, (Elected Member of the National Committee); Dr. John Romano, formerly Professor of Psychiatry at the University of Cincinnati and now on the faculty of the University of Rochester (Chairman of the Psychiatric Education Committee and member of the Scientific Administration Committee of the National Committee); Dr. George S. Stevenson, Medical Director of the National Committee; Dr. Edward A. Strecker, Professor of Psychiatry at the University of Pennsylvania (Chairman, Scientific Administration Committee of the National Committee); and Dr. David M. Levy, New York City (member of the Psychosomatic Research Committee of the National Committee).

An appropriation also has been made for purchase of land at Bethesda, Maryland, on which the National Mental Health Institute will be built, to be operated by the USPHS as a center of research into the nature, causes, treatment, prevention and cure of mental diseases, and for advanced and specialized training of psychiatric personnel. The largest part of the appropriation, \$3,000,000, will be distributed as grants-in-aid to states for work by the states or by counties, health districts, and other political subdivisions, for establishing and maintaining needed services such as mental health clinics, child guidance clinics and psychiatric social service. The sums of \$1,250,000 and \$400,000, also as grants-in-aid to public and private agencies, have been designated respectively for training psychiatric and other personnel and for psychiatric research.

The 44-page, competently prepared and attractively presented Annual Report of the National Committee includes also material under

the following headings: *Our Objectives, Our Procedure, A Book Which Started a Great Movement*, "the defences of peace," Division on Rehabilitation, Division of Community Clinics, Division on Mental Hospitals, Division of Psychiatric Education and Personnel, Division of Psychiatric Research, Division of Organization of State Mental Hygiene Societies, Mental Hygiene Project-Public School 33 New York City, Consultant in Psychiatric Social Work, Thirty-seventh Annual Meeting of the Committee.

National Education Association Elects Officers.—At its convention in Cincinnati, July 6–11, the National Education Association elected officers as follows:

President, Glen E. Snow, President of Dixie Junior College, St. George, Utah; *Vice-President*, Ivan R. Amrine, Columbus, Ohio; *Treasurer*, Miss Gertrude E. McComb, Terre Haute, Indiana; Miss Corma Mowrey, Clarksburg, West Virginia, and Mrs. Beulah Keeton Walker, Dallas, Texas, were named to the executive committee.

Leonard Lathrop Named to Head Girl Scouts Public Relations.—Mrs. Paul Rittenhouse, National Director of the Girl Scouts of America, recently announced a new department of the organization embracing international, community and public relations, publications and national support, to be headed by Leonard Lathrop, formerly manager of the Electrical Manufacturers Public Information Center. He also will supervise the National Girl Scout Convention.

Negroes Donate \$730,000 to Their Colleges.—According to an announcement made by the United Negro College Fund, Inc., Negroes donated \$600,000 during the fiscal year 1946–1947 for the support of colleges of their choice, plus an additional \$130,000 to the joint campaign conducted for thirty-three member colleges by the UNCF.

Most of the colleges aided are in the South. The Alumni of Lincoln University, Chester County, Pennsylvania, raised \$75,000 in special tribute to Dr. Horace Mann Bond, who last year became the first alumnus and the first Negro to head that institution. Members of the African Methodist Episcopal Church in Georgia, gave nearly \$85,000 while supporters of African Methodist Episcopal Church Zion contributed \$87,000 to the support of Livingstone College, Salisbury, North Carolina. Richmond, Virginia, Negroes raised \$28,000 for Virginia Union University, while alumni of Tyler College, Tyler, Texas, got \$43,000 for the building fund for that college.

Meharry Medical College, Nashville, Tennessee, alumni completed successfully, last year, a two-year drive for \$200,000. Negro soldiers gave nearly \$10,000 last year in campaigns conducted in American camps. There is reported receipt of \$10,000 from the Motion Picture Producers Association, and many other large individual and group donations. The goal for the nation is \$1,300,000.

Dr. Henry Noble MacCracken Aids Head of Conference of Christians and Jews.—Dr. Henry Noble MacCracken, president emeritus of

Vassar College, has been appointed general secretary of administration of the National Conference of Christians and Jews. The post was created recently by the executive committee of the conference. Dr. MacCracken will relieve Dr. Everett R. Clinchy, president of the organization, of certain administrative duties.

Willard Johnson, formerly vice-president in charge of the conference's northeastern division, has been named national program director; M. Robert Dorn, former finance officer of the Todd Shipbuilding Corp., was appointed comptroller, and Sidney E. Cockrell, Jr., of Louisville, Kentucky, will be assistant to Dr. Clinchy.

Dr. Rufus A. Lyman Awarded Remington Medal.—According to an announcement from the American Pharmaceutical Association, Dr. Rufus A. Lyman, retiring dean of the University of Nebraska College of Pharmacy, has been awarded the 1947 Remington medal, a gold medal in honor of Joseph P. Remington, which is conferred upon the person whose work during the preceding year, or culminating over a period of years, is judged most important to American pharmacy by a committee consisting of the living past-presidents of the American Pharmaceutical Association. Dr. Lyman is considered one of the foremost pharmaceutical educators in the United States, and is editor of the *American Journal of Pharmaceutical Education* which he founded in 1937.

Dr. Donald Young to Direct Sage Foundation.—Morris Hadley, president of the Russell Sage Foundation's Board of Trustees, has announced the appointment of Dr. Donald Young, Executive Director of the Social Science Research Council, as General Director, to succeed Shelby M. Harrison, who retired on June 30. Dr. Young has been associated with the Council since 1932, and is president of the National Council on Naturalization and Citizenship and a director of the Indian Rights Association, Common Council for American Unity and the National Conference of Christians and Jews. He is author of *Motion Pictures, A Study in Social Legislation* and *Minority Peoples in the Depression*. He was formerly Professor of Sociology of the Wharton School of the University of Pennsylvania.

Public Health Pioneer Passes.—On May 8, in Pasadena, California, Dr. Eben Pratt Clapp, who drafted the nation's first public health ordinance, while a physician in Evanston, Illinois, died at the age of 88 years. Born in Rome, Illinois, Dr. Clapp was one of the organizers of the Evanston Hospital, but retired in 1912 to enter the lumber business.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension
American Social Hygiene Association*

Connecticut Courses in Education for Marriage Prove Popular.—The third course in Education for Marriage, conceived and initiated by the Hartford Tuberculosis and Public Health Society, was recently conducted at Charter Oak Center. Although the second course of the marriage series was still under way at the YWCA, demand was so pressing by those who were unable to register for the "Y" course, that the third class was started.

District of Columbia PTA's Urge Sex Education Extension.—With the holding of its Thirty-Fourth Annual Convention, May 13 and 14, the District of Columbia Congress of Parents and Teachers marked the passage of another milestone on its progressive career. As Social Hygiene Chairman Ray Everett, Executive Secretary of the Social Hygiene Society of the District of Columbia, reports a busy PTA year due to the cooperative help and leadership of Mrs. O. G. Hankins, president, Mrs. Leo Raywid, health chairman, and other leaders of the group.

Among this year's resolutions the Congress included the following constructive statement:

"We believe that the responsibility for sex education is three-fold. We believe that the home should be the logical place for dealing with the more intimate aspects; that the church should help in the ethical and moral aspects; that the school should help by laying scientific foundations through courses in elementary science, health and physical education, biology and home economics."

Illinois Rapid Treatment Program Includes Children.—It is reported in a recent issue of the *Illinois Health Messenger* that "As a further step in reducing the tragedies resulting from syphilis, the Division of Venereal Disease Control of the Illinois Department of Public Health has expanded its rapid treatment program to include children with congenital syphilis. At first this program included only early cases of syphilis in adult patients, then last September indigent pregnant women with syphilis not previously treated were admitted. This most recent development is intended for children who have manifest symptoms of syphilis at birth or who at a later age show signs of the disease in their blood.

"Private physicians or venereal disease clinics may refer these children to the local full-time health officer who will arrange for rapid treatment. At the present time this treatment requires nine days of

hospitalization, and includes the use of penicillin. Twenty-five hospitals throughout the state are cooperating with the Department of Public Health in making rapid treatment available to patients referred by their family physicians or clinics."

Michigan: Detroit Opens Rapid Treatment Center in Herman Kiefer Hospital.—According to *Michigan Public Health*, publication of the Michigan Department of Health, a new venereal disease rapid treatment center for residents of Wayne County opened March 24, 1947, in Herman Kiefer Hospital, Detroit. The center is operated by the Detroit City Health Department and cases are cared for under contract between the Michigan Department of Health and the City of Detroit. Funds are provided by Wayne County and by the U. S. Public Health Service through the State Health Department.

Michigan: Health and Human Relations Course in Detroit at Wayne University.—Sponsored by the Health Institute of the United Automobile Workers-CIO and Wayne University, a course in *Health and Human Relations* was given on Wednesday evenings from April 16 through May 28. Miss Myrtle Miller, Supervisor of the Health Education Department of the Health Institute, reports this is their first attempt at any class in the family relations field and, as an experiment, it was built more around the direct problems of women rather than family problems as a whole. "The women, we felt," Miss Miller says, "were more interested in such classes. However, we found it extremely hard to maintain a division and, as the course progressed, we had no desire to do so. Now we feel we have succeeded and also learned through our first experiment, and we fully intend to continue this project but as a true *family relations* course."

The course had as instructor Dr. Milton H. Erickson, Director of Psychiatric Research and Training, Wayne County General Hospital and Infirmary, Eloise, Michigan, and Associate Professor of Psychiatry, Wayne University College of Medicine, Detroit. The registration fee for the entire course was \$10, which included the following *Class Topics*:

- I. Problems of Women
 - A. Relationships with Men
 1. Psychological Aspects
 - a. Woman the Weaker Sex?
 - b. Male Superiority
 2. Sociological and Economic Aspects.
 - a. Is Woman's Place in the Home?
 - b. Career and Marriage—Will They Mix?
- II. Women's Needs
 - A. Urge for Self-Expression as an Individual
 - B. Love Needs
- III. Getting Along with People at Home, at Work, at Play
 - A. Importance of Self-Respect as an Individual and as a Woman
 - B. What Is Prejudice and Whom Does It Hurt?
 - C. Learning and Living . . . New Ideas, Hobbies and Interests

IV. Inferiority Complex

- A. How Do Inferiority Feelings Show Themselves?
- B. What Do We Do About Them?

V. Marriage and Divorce

- A. Emotional Readiness for Marriage
 - 1. What Do I Want? 2. What Do I Need? 3. What Did I Get?
- B. Problems of Marriage
 - 1. Equality in the Home. 2. Money. 3. Religion and Nationality. 4. In-Laws. 5. Children. 6. Working Women. 7. Differences in Ages. 8. Interests and Companionship.

VI. The Bachelor Girl

- A. Do You Have to Be a "Mrs." to Be Happy?

VII. Sex.

- A. Its Problems and Importance.

New Hampshire: New England Health Institute Resumes Annual Conference.—The New England Health Institute, which met last at Providence, Rhode Island, in 1942, resumed its activities this year with its Thirteenth Annual Conference, held June 16–18, at the University of New Hampshire, Durham, with the New Hampshire State Health Department host to the faculty, registrants and guests.

The general theme of this year's Institute was *Better Health Through Greater Knowledge* and the program included sections on *Administration, Cancer, Communicable Diseases, Environmental Sanitation, Geriatrics, Health Education, Industrial Health and Hygiene, Laboratories, Maternal and Child Health, Public Health Nursing, School Health, Tuberculosis Control, Vital Statistics, and Welfare.*

Among the leaders participating in the Institute's Conference program were Dr. John S. Wheeler, State Health Officer, New Hampshire State Health Department; Dr. Stanley S. Osborn, Commissioner of Health, State of Connecticut; Dr. Edward A. McLaughlin, Director, State Department of Health of Rhode Island; Dr. Vlado A. Getting, Commissioner, Massachusetts Department of Public Health; Dr. Leverett D. Bristol, Commissioner, State Department of Health and Welfare, State of Maine, and Dr. Robert B. Aiken, Health Commissioner of Vermont.

At the session on *Communicable Disease*, Dr. J. R. Heller, Jr., Medical Director, Chief Division of VD Control, U. S. Public Health Service, gave a talk on *Venereal Disease Control*. Other highlights of the Institute's program included luncheons, a banquet and dance, and a tea given by the New Hampshire State Department of Health. At the final luncheon Dr. Reginald Atwater, Executive Secretary, American Public Health Association, was the speaker, on *Highlights in Public Health.*

New Hampshire Social Hygiene Association Holds Marriage and Family Life Institute.—An Institute "designed to bring together state leaders in the field of family relations and those desirous of

discussing these important relationships of life" was held by the New Hampshire Social Hygiene Association at Manchester, New Hampshire, on June 23, 1947. "The Institute," the program states, "will provide a clearing house for the discussion of such problems and it is hoped that the solutions arrived at may form patterns for guidance with such problems by the courts, educational, religious and social work agencies." The Committee for the Institute included Dr. Charles W. Coulter, W. Willard Hall and the Rev. James R. McGreal, with the following program speakers and topics:

Morning Session:

Presiding, Dr. H. W. N. Bennett, *Honorary President, New Hampshire Social Hygiene Association*; Introductory Greetings and Remarks, Judge Alfred J. Chretien, *President, New Hampshire Social Hygiene Association*; Most Rev. Matthew F. Brady, D.D., *Bishop of Manchester*; Family Problems Which Challenge Our Society, Dr. Andrew Truxell, *Sociology Department, Dartmouth College*; Methods of Conserving Wholesome Family Relations, From the Viewpoint of the Medical Practitioner, Dr. Edward W. Colby, *Director, Division of Communicable Disease Control, State Department of Health*; Methods of Conserving Wholesome Family Relations, From the Viewpoint of the Psychiatrist, Dr. John B. McKenna, *Psychiatrist, Hitchcock Clinic, Hanover*.

Afternoon Session:

Presiding, John P. Carleton, *Vice-President, New Hampshire Social Hygiene Association*; Suggestions for Wholesome Family Living, From the Viewpoint of Education, Donald F. Piper, *Supervisor of Youth Services, State Department of Education*; Suggestions for Wholesome Family Living, Through the Use of Social Work Services and Facilities, Elmer V. Andrews, *State Commissioner of Public Welfare*; Legal Recourse as a Solution for Family Maladjustment, Judge Chretien, *Municipal Court, Manchester*.

Evening Session:

This session consisted of three *Round Table Discussions*; *For Young People Contemplating Marriage*, Rev. Sydney Adams, Leader; *For Young Married Couples*, Dr. Anna L. Philbrook, Leader; *For Husbands and Wives With Children*, Dr. Coulter, Leader.

New York: Dr. Herman E. Hilleboe Appointed State Health Commissioner.—Dr. Herman E. Hilleboe, an assistant Surgeon General of the United States Public Health Service, was appointed State Commissioner of Health on July 1 by Governor Dewey.

Dr. Hilleboe, 41 years old, a tuberculosis control specialist, succeeds Dr. Edward S. Godfrey, Jr., 68, who retired recently after thirty years with the department.

The new commissioner, a native of West Hope, N. D., has been in charge of the Federal health agency's tuberculosis control activities since 1942, after previous service with the Minnesota State Welfare Department.

Dr. Hilleboe left shortly after his appointment was announced on a three-week tour of Europe as the American delegate on the four-member expert committee on tuberculosis of the World Health Organization (interim commission).

He also attended a meeting of the International Union Against Tuberculosis at Paris and the International Congress on Microbiology at Copenhagen. He returned to Albany the first week in August.

Dr. Hilleboe's appointment was made with the State Health Department in the second year of a twenty-year campaign to eradicate tuberculosis in New York, a project to which Governor Dewey has given much attention.

New York State Holds 43rd Annual Health Conference.—The 1947 Conference of New York State Health Officers and Public Health Nurses was held at Saratoga Springs, New York, July 28–31, 1947. A greeting read at the first general session by Dr. James E. Perkins, Deputy Commissioner, from Dr. Herman E. Hilleboe, recently appointed State Commissioner of Health, at the time in Europe, emphasized that the worth of a Health Department must be measured by the number of services given to the people in their own communities rather than by the number of people on the payroll of the Department.

“It would appear,” he said, “that in New York State we need to expand our resources and extend our action along three lines. First, we must recruit and train professional personnel; second, we must expand local health departments and increase their services; third, we must vigorously pursue the challenge of program planning and enlarge the scope of fundamental and applied research.”

The Conference program included a group of notable speakers and topics. Among them Dr. Donald M. Pillsbury, Professor of Dermatology and Syphilology, University of Pennsylvania, who talked on *Modern Treatment of Syphilis*.

New York: Miss Margaret Leal Appointed Acting Dean of School of Social Work.—Announcement has been made by the Community Service Society here of the appointment of Miss Margaret Leal, a member of the staff of the New York School of Social Work, Columbia University, as acting dean of that graduate school, effective October 1. Miss Leal will succeed Dr. Walter W. Pettit, whose retirement from the post of dean was recently announced. She began as a research assistant at the school in 1916 and later became secretary, assistant director and, this year, assistant dean. She was active in the formation of the American Association of Schools of Social Work, and is well known to social hygiene workers throughout this country and abroad.

New York City to Get State Aid for Youth Board.—Mayor William O'Dwyer recently was notified by the New York State Youth Commission that state financial aid had been authorized for the New York City Youth Board by the Board of Estimate at a special meeting on July 9, 1947.

The Youth Board was created to coordinate activities of public, private and religious agencies devoted in whole or in part to the welfare and protection of youth. One of its main functions will be to prevent and combat juvenile delinquency.

The Board will consist of thirteen unsalaried members, six of whom will be named by the Mayor, who will also designate the chairman. The remaining members will be city officials. The State Youth Com-

mission will reimburse the city for half the cost of maintaining the board.

New York: Father O'Brien Heads Fordham Social Service School.—The Rev. Joseph T. O'Brien, Assistant Professor of Philosophy and Religion in Fordham College, has been appointed Regent of the Fordham School of Social Service, it has been announced by the Rev. Robert I. Gannon, president of the University. Father O'Brien succeeds the Rev. Raymond W. Schouten, who has recently become rector of Canisius College in Buffalo.

Born in New York, Father O'Brien graduated from the Brooklyn Preparatory School and entered the Society of Jesus in 1912. After studies at Woodstock College, Woodstock, Maryland, he received the degree of Doctor of Philosophy from the Gregorian University in Rome in 1927. He was ordained in June, 1926, at Woodstock, by the late Archbishop Michael J. Curley of Baltimore. Before coming to Fordham in 1945, he taught at Georgetown College in Washington and at St. Joseph's College in Philadelphia.

The School of Social Service is located at 134 East Thirty-ninth Street. The dean of the school is Miss Anna E. King.

New York: Rochester Neighborhood Blood-Testing Program.—The Westside Citizen's Health Committee of the Tuberculosis and Health Association of Rochester recently conducted the first neighborhood blood-testing project ever to be held in Monroe County. Cooperating in the project were The Rochester Health Bureau and the Visiting Nurse Association.

Thirty block leaders from the Citizen's Health Committee each visited thirty-five families, carrying information on venereal diseases and the importance of blood testing and making appointments for the Blood Testing Station. Eighty persons were given blood tests during the two-hour period on May 13th in which the station in the Westside Neighborhood was open. A follow-up report of the Rochester Health Bureau showed all eighty tests to be negative.

Miss Marie Goulett, Executive Secretary of the TB and Health Association of Rochester and Monroe County, reports that through these home visits to over 1,000 in each of the two Block Leader projects, the main objective of education on venereal disease control was accomplished, and there have been requests for the establishment of other local blood testing stations.

Ohio State Council on Family Relations Holds Marriage and Divorce Institute.—The first annual meeting of the Ohio State Council on Family Relations was held in conjunction with the *Marriage and Divorce Institute* of Franklin County, May 23-24 at Columbus. Dr. Evelyn Millis Duvall was the guest speaker. Acting president was Professor John F. Cuber of the Department of Sociology at Ohio State University.

The Ohio State Council on Family Relations is the Ohio Chapter of the National Conference on Family Relations. *The Marriage and Divorce Institute* is a local organization composed of interested representatives of the legal, medical, education, social work, and other organizations in and about Columbus. The new president for the Ohio State Council on Family Relations is Professor Herschel W. Nisonger of Ohio State University.

Topic of the morning session on May 23rd was *What Is Happening to Family Life—Locally and Nationally?* Dr. Floyd Faust, Chairman, Columbus Citizens Committee on Marriage and Divorce, presided. Speakers were Judge Clayton W. Rose, Franklin County Court of Domestic Relations, and Dr. Evelyn Millis Duval, Executive Secretary, National Conference on Family Relations and Department of Sociology, University of Chicago. At the luncheon meeting Dr. Duval spoke on *What Other Communities Are Doing*. The afternoon was devoted to a panel discussion on *What Can Be Done*, with Charles E. Martz of American Education Press as Moderator and the following speakers and participants:

The Role of the Physician, Dr. Charles W. Pavey, President, Columbus Academy of Medicine; *The Role of the Attorney*, Byron E. Ford, Past President, Columbus Bar Association; *The Role of the Educator*, Dr. John F. Cuber, Ohio Chairman, National Conference on Family Relations and Department of Sociology, Ohio State University; *The Role of the Minister*, Dr. Floyd Faust, Broad Street Christian Church and Chairman of Columbus Citizens Committee on Marriage and Divorce; *The Role of the Social Worker*, Ralph C. Bennett, Director, Columbus Family and Children's Bureau. In the evening Dr. Duval spoke on *The Community and Its Responsibility*.

At the Morning Session of the second day there was a Panel Discussion on *What Are the Mental Hygiene Needs of the Modern Family?* with these speakers, Emily L. Stogdill, Ph.D., Department of Psychology, O.S.U., A. Raymon Mangus, Ph.D., Department of Rural Economics, O.S.U., and Herschel W. Nisonger, Ph.D., Chairman Bureau of Special and Adult Education. This was followed by another Panel Discussion on *How Can Counseling Meet These Mental Hygiene Needs?* with the speakers being Dr. Dwight D. Palmer, Department of Neurology and Psychiatry, O.S.U.; Katherine Reebel, School of Social Administration, O.S.U.; Helen Corbett Martin, Marriage Counselor, Planned Parenthood Clinic and Dr. Cuber.

Ohio: Dr. John D. Porterfield New Ohio Director of Health.—Dr. John D. Porterfield has been named Director of Health for Ohio by Governor Thomas J. Herbert. Dr. Porterfield succeeds Dr. Roger E. Heering who resigned June 1 to enter the private practice of medicine in Columbus.

Dr. Porterfield was formerly venereal disease control officer with the Ohio Department of Health. He assumed his new office on August 1st.

Pennsylvania: Dr. Long Elected Philadelphia TB and Health President.—Dr. Esmond R. Long, director of the National Tuberculosis Association's Division of Research, has been elected president of the Philadelphia Tuberculosis and Health Association. Dr. Long succeeds Dr. Charles J. Hatfield, president of the association for the past 24 years. Dr. Hatfield was named president emeritus.

Dr. Long and Dr. Hatfield are both friends of social hygiene and have taken an active part in the Social Hygiene Day meetings and other activities developed by the Philadelphia group under the direction of Charles H. Kurthalz.

Pennsylvania: Philadelphia Reports Juvenile Crime Drop.—President Judge Charles L. Brown of Municipal Court reported recently 654 fewer cases of juvenile delinquency in Philadelphia during the first six months of this year than during the same period of 1946, a decline of 16 per cent. "It is gratifying to note that for the entire year of 1946 there was a decrease under 1945 of the same percentage," he said.

He pointed out that the 3,517 cases referred to Juvenile Court this year represented the lowest figure for any six-month period since 1942. The greater decline, 25 per cent, was in the group of boys between 16 and 17. Girls of the same age showed a decrease of only 3 per cent.

Utah Successful Family Life Course and Institute Reported by Dr. Leshner.—Dr. Mabel Grier Leshner, of Camden, New Jersey, Educational Consultant for the American Social Hygiene Association, conducted a summer course on *Education for Family Life* at the University of Utah, for the second consecutive year, and reports the work even more successful and enthusiastically received than in 1946. Enrollment was 130, 75 in the teacher-training class and 55 in the discussion class of social problems beyond the high school level. The course personnel was of high caliber, principals of high and junior high schools, eugenists, psychologists, teachers on all levels, members of the University faculty and Demonstration school, the Supervisor of Health and Physical Education for Boys throughout the Salt Lake City schools, public health nurses, ten veterans (men and women), many health and physical educators, a football coach, social workers, and leaders of youth in the Mormon Church.

There are definite plans to carry on social hygiene education, both during the regular college year and next summer. Miss Bernice Moss who will be added to the University of Utah faculty this fall, during the winter session will give a course entitled *Methods and Materials of Social Hygiene Education*.

The Family Life Institute, held July 7-12 with the general theme *The Family in a Free World* proved exceptionally popular this year and in an opening session Dr. M. Lynn Bennion, Superintendent of City Schools, publicly announced that he wanted an integrated program throughout the school system, that he had included plans for such a program when he first went to his present position two years ago, that he had attended Dr. Leshner's classes and appreciated what she was doing and approved of her philosophy. Dr. Leshner says that this public endorsement and definite planning for the program in the public schools, his efforts in encouraging, even urging the preparation of his teachers; his efforts to arrange for adult training classes and his deep interest in the University of Utah as a training center, gave considerable impetus to the work and added to its prestige.

The Family Life Institute, featuring leading speakers and educators, covered the following topics: *Status and Functions of the Family, Fathers Are Important, Family Counseling, Mental Health of the Family, Home and the Family, Sex Education for Family Living, Fundamentals in Preparation for Marriage, Preparation for Parenthood, Resources for Family Life Education, The Mental Hygiene of Youth, Are You Mature Enough for Marriage?* and a series of sub-classification talks under each main topic, with panel discussions as well.

In the University of Utah Catalogue the course on *Education for Family Life (Social Hygiene Education)* is introduced this way: "There is increasing public conviction that preservation of our democratic way of family life calls for more intelligent understanding and adequate training. The following courses are listed (1) for the guidance of students desiring basic preparation for marriage, home-making and parenthood; (2) for the training of administrators and teachers in essential methods for an integrated program of Family Life Education into the school curriculum, and (3) as background training for parents, nurses, social and religious leaders in their guidance of children and youth for finer family social relationships and constructive preparation for future families of their own.

"The American Social Hygiene Association and its affiliate, the Utah Social Hygiene Association, recognize the value of these courses in their endorsement of the University of Utah as a teacher-training center in the field of Education for Family Living."

Utah: Dr. Welby W. Bigelow Named to Succeed the Late Dr. William M. McKay.—Dr. Welby W. Bigelow, State Director of Venereal Disease Control since 1939, was recommended by the State Board of Health and named by Governor Herbert B. Maw, April 23, to fill the vacancy caused by the death of Dr. William M. McKay, according to the May-June issue of *Your Health*, published by the Utah State Department of Health. Dr. Allen C. Thurman, State Director of the Crippled Children's Division, was named Acting Administrative Assistant.

Dr. Bigelow was Utah's first district health officer, being appointed deputy commissioner for District No. 1 when Utah had only three Health Districts. He is a graduate of the University of Utah, received his medical degree from the University of Louisville, Kentucky, in 1932 and interned at the Methodist Hospital and Jackson Clinic at Madison, Wisconsin. He received his Certificate in Public Health from the University of California.

Dr. Thurman is a native of Ogden and a graduate of the University of Utah in 1934. He received his M.D. degree from the University of Louisville in 1940. He was appointed Director of the Crippled Children's Division in 1940.

Vermont Health Council Meeting in Montpelier.—The first semi-annual meeting of the Vermont State Health Council was held at Montpelier on July 17, with Dr. Frank C. Angell, of Randolph, presiding. The meeting opened with a discussion of health councils and prepaid medical care, followed by a symposium on rural health problems. Rural health problems occupied the discussion for the balance of the day.

Dr. Robert B. Aiken, Director of the State Public Health Department, one of twelve speakers to address the gathering, said that organization of the state into five health districts, a program of basic need in solving Vermont's rural health problems, would cost Vermonters a dollar per capita above present Department appropriations. The district plan, as explained, would have administrative headquarters in the cities of Burlington, Rutland, Springfield, Montpelier and St. Johnsbury.

Functions to be included in the districts, Dr. Aiken stated, would be branch laboratories, tuberculosis clinics and provisions for venereal disease clinics, school examinations and follow-ups, surveys of the causes of infant deaths and still-births,

meat and milk and food supply inspection, schoolhouse inspections, inspections of industrial hazards and plant health conditions, school and adult health programs, and coordination of public health and nurse activities.

Later in the meeting, on the motion of Dr. Leon E. Sample of St. Albans, the council agreed to take the plan before its executive committee for possible endorsement.

The Vermont Council was advised by Dr. John W. Ferree, Associate Executive Director of the National Health Council, New York, and first speaker on the program, that vital local health councils are necessary to the success of a state organization. Dr. Ferree praised the organization of the Vermont program but advised the employment of a field consultant to work with local organizations in diversified health problems. Stressing the inter-relation of health and general social problems, he said that local health needs would tend to be diverse, and that materials at hand to cope with them would be lacking in many cases. It is the job of the state council, he stated, to coordinate the state's health resources for use by individual communities.

Other speakers heard on the program included, George P. Farrell of New York, Director of the New York Medical Society's Bureau of Medical Care Insurance; E. L. Huber, personnel manager for the Jones & Lamson Machine Company in Springfield; Robert Mittenzwe of Springfield, Vice-President of the Vermont State Industrial Union Council; Dr. John R. Malloy of Brattleboro, chairman of the Vermont Medical Society's industrial health committee; Dr. John S. Millis, President of the University of Vermont; Harold J. Arthur of Burlington, master of the Vermont State Grange; R. C. McWilliams of St. Albans, Franklin County Agricultural Agent; Mrs. Sarah Stannard of Fair Haven, Secretary of the Vermont State Farm Bureau, and Dr. Sample, past-president of the Vermont State Medical Society.

Vermont Department of Public Health Expands Staff.—Dr. Robert B. Aiken, Director of the State Department of Public Health, has announced two staff appointments of special interest to social hygiene workers. Mrs. Gladys P. Hinds, R.N., who has been serving as public health nurse in the field of tuberculosis nursing, has been transferred to the communicable disease program, where she will give special attention to the preventive aspects of venereal disease control throughout the state, and Robert J. Barker has been added to the department staff to work with community leaders, teachers and other members of the professional school staff to bring about improved health conditions locally. He will assist and advise in organizing and conducting meetings and conferences, radio and movie programs, and the use of pamphlets, books and posters.

Mrs. Hinds is a graduate of the Mary Fletcher School of Nursing, Burlington, with graduate work at Simmons College. Mr. Barker is a Boston University graduate, and has completed work there for a master's degree in health and physical education. In the war he was a platoon sergeant in the 6th Special Service Company attached to the 6th and 8th Armies in the Pacific Theater.

Both Mrs. Hinds and Mr. Barker may be addressed in care of the Department at Burlington, Vermont.

"In the field of actual operations, one of the most outstanding tasks performed by the Department concerns the control of the international traffic in dangerous drugs. The Department continuously receives reports from all the governments which have subscribed to the conventions ruling the international control system. It recommends action when any is needed and furnishes advice on control methods when it is requested by the governments. It is at present actively aiding two member countries in their efforts to stamp out illegal drug traffic.

"The Department also helps combat international traffic in prostitution and obscene literature, stressing educational measures for its prevention.

The Department also performs the important function of acting as a coordinating center for the work of the Specialized Agencies dealing with related matters such as the United Nations Educational, Scientific and Cultural Organization and the World Health Organization."

UN Assistant Secretary General Henri Laugier of France heads the Department of Social Affairs.

Temporary Social Welfare Committee Holds Third Session.—The Committee, which consists of seven members* with Miss Katharine Lenroot as chairman, met for its third session June 30 to July 8, at Lake Success. Among the recommendations made to its parent body, the Social Commission of the UN Economic and Social Council, for consideration at the Commission's session beginning August 28, were:

1. That the establishment of a permanent sub-commission on child welfare was not necessary at this time, since the International Children's Emergency Fund and several specialized agencies are already active in this field.

2. That the Social Commission initiate a unified social welfare program for the next two or three years, to avoid overlapping between the work of the different specialized agencies and the UN itself.

The Committee announced that 114 fellowships for social-welfare training, worth over \$300,000, had been approved so far by the UN. Candidates from nine European countries, China, and the Philippines, will soon begin traveling in other countries to study their social-welfare administrative systems.

The First Year of WHO.—Marking on July 22, completion of its first year of operation, the Interim Commission of the World Health Organization reports progress in the fight against disease. Dr. Brock Chisholm, WHO Executive Secretary, summarized the year's work as follows:

* All are members of the Social Commission, representing the countries of Colombia, Denmark, Greece, the United Kingdom, the United States, the U.S.S.R., and Yugoslavia.

1. Merging of the numerous technical responsibilities of the Health Organization of the League of Nations, the Office International d'Hygiene Publique, and UNRRA, including field services in China, Ethiopia, and Greece and a world-wide epidemiological information and notification service re-activated on a global basis.

2. Ten expert committees specializing in various technical, medical, and public health activities have been organized, and four already have met.

These include the Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death; the Expert Subcommittee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions; the Expert Committee on Biological Standardization; and the Expert Committee on Malaria. The Expert Committee on Tuberculosis met in Paris on 30 July.

3. A world-wide program of fellowships, with \$500,000 earmarked, is making it possible for an eventual total of some 200 candidates to undertake special studies. While most of the fellowships will become effective for the fall academic term in medical schools in various parts of the world, a substantial number already have begun their studies. Countries benefiting under the fellowship program includes:

Austria, Byelorussia, China, Czechoslovakia, Finland, Greece, Hungary, Italy, Korea, Philippines, Poland, Ukraine, and Yugoslavia.

4. Special studies have been undertaken in venereal disease,* infant mortality, and biological standardization, to provide a basis for future planning.

5. A program of cooperative relationships is under way, with joint committees being set up with Food and Agriculture Organization and assistance being extended to other specialized agencies of the United Nations.

6. A technical publications program covering epidemiology, health legislation, and the work of expert committees and related matters has been instituted.

7. Preparations for the World Health Assembly have advanced satisfactorily.

The Assembly is to be held within six months after the 26th UN member nation has ratified WHO's Constitution, drawn up at the International Health Conference, New York, July, 1946, and signed at that time by 61 national representatives. As of July 21, eleven UN members and six non-members have ratified, as follows: (in the order of signing) UN members, China, United Kingdom, Canada, Iran, New Zealand, Syria, Liberia, Ethiopia, Netherlands, Saudi Arabia and Turkey. Non-members approving are Switzerland, Transjordan, Italy, Albania, Austria and Finland.

In the United States, President Truman sent a special message to the 80th Congress on March 21, 1947, transmitting a suggested joint resolution, (entered as House Document No. 177) with a memorandum from the Secretary of State, and asked "early consideration"

* See June JOURNAL, p. 301.

by the Congress. No action, however, was taken during the session which adjourned July 26.

The Interim Commission met for its 4th Session at Geneva, Switzerland, August 30 to September 13.

News of the International Agencies

U. S.—Mexico Border Public Health Association Holds Fifth Annual Conference.—At Tia Juana, Baja California, and San Diego, California, May 6–8, 1947 occurred the Fifth Annual Border Conference of this international group. A report from Dr. G. G. Wetherill, Director of Health Education for the San Diego Schools, who represented the ASHA at the Conference, states that interest in the sectional meetings on venereal diseases was keen, the attendance being 25 to 30. Dr. J. R. Heller, Junior, Chief, VD Division, U. S. Public Health Service, and Dr. Jaime Velarde Thome, Chief of VD work for the Mexico Department of Public Health, served as co-chairmen for the sessions. Among the topics discussed was the part played by commercialized and clandestine prostitution, in spreading VD, and the results obtainable by Health education, recreation and other preventive measures.

Among those attending the Conference from the USA aside from Dr. Heller and Dr. Wetherill were Captain Harold Burton, Chief, Division of Preventive Medicine, U. S. Navy, and Dr. Clark Yeager, Chief, Medical Section, Office of Inter-American Affairs. Dr. Yeager and Dr. Heller visited Mexico for further conferences with health authorities and the OIAA field staff before returning to Washington.

International Union Assembly to be Held in Paris.—Emergency developments relating to the control of aphthous fever in the Republic of Mexico have made it necessary to postpone plans for holding the first postwar General Assembly of the International Union against the Venereal Diseases in Mexico City, as Dr. Andre Cavailon, the Union's Secretary-General has notified the officers and executive board, and has issued invitations to the Union's member agencies for holding the 1947 Assembly in Paris, October 20–25, 1947.

It is expected that the United States delegation will include Dr. William F. Snow, Union president, Miss Jean B. Pinney, Director of the Union's Regional Office for the Americas, representing also the American Social Hygiene Association; Dr. James A. Doull, Chief of the USPHS Office of International Health Relations, Dr. J. R. Heller, junior, Chief, USPHS VD Division, and Major Louis Altshuler, Chief, VD Section, Division of Preventive Medicine, Office of the Surgeon General, U. S. Army. Dr. Walter Clarke, ASHA Executive Director, has prepared a report on Penicillin, as rapporteur for one of the Assembly sessions.

YOUTH NOTES

INTERAGENCY COMMITTEE ON YOUTH EMPLOYMENT AND EDUCATION MAKES RECOMMENDATIONS

In April 1945, with the approval of the Director of War Mobilization and Reconversion, the Interagency Committee on Youth Employment and Education was organized "to work out common principles and consider plans of action for meeting the education and employment problems of young people." The Committee was composed of representatives of Federal agencies whose programs concerned youth, including: Department of Agriculture; Department of Labor (Apprentice Training Service, Bureau of Labor Statistics, Division of Labor Standards and its Child Labor and Youth Employment Branch, U. S. Employment Service, Women's Bureau); Federal Security Agency (Office of Community War Services, U. S. Office of Education, Bureau of Employment Security, Bureau of Public Assistance and Children's Bureau). The members were designated by the heads of their agencies. Its chairman is Katharine F. Lenroot, Chief of the U. S. Children's Bureau. Its secretary is Elizabeth S. Johnson, Assistant Director of the Child Labor and Youth Employment Branch, the organizational unit that is carrying forward the child-labor program in the Division of Labor Standards of the Department of Labor.

Other members of the committee are:

U. S. Department of Agriculture: Douglas Ensminger;

U. S. Department of Labor: Ansel R. Cleary, Apprentice Training Service; Herman B. Byer, Bureau of Labor Statistics; Clara M. Beyer, Division of Labor Standards; Beatrice McConnell, Child Labor and Youth Employment Branch; Richard D. Fletcher and Helen V. Seymour, Employment Service; Frieda S. Miller, Women's Bureau;

Federal Security Agency: T. J. Woolfer; Dean Snyder, Office of Community War Services; Bess Goodykoontz and Harry A. Jager, U. S. Office of Education;

Social Security Administration: Margaret Dahm, Bureau of Employment Security; Savilla M. Simons, Bureau of Public Assistance.

Paul T. David, Bureau of the Budget, and George L. Glasheen, Retraining and Reemployment Administration, are observers.

The Committee has recently submitted a Report and Recommendations. Young people particularly referred to in the report are boys and girls fourteen through twenty years of age, at work, in school, or entering the working world, and it is concerned chiefly with non-veterans—as veterans are served, at least partially, by special programs, the report points out. Some of the conditions are reviewed that are bringing about special difficulties between young people today and the opportunities they should have for education and employment. Recommendations are offered to the Director of War

Mobilization and Reconversion as to action the Committee believes the Federal Government should take to advance opportunities of young people, and some new departures and emphases are suggested for present programs.

It is pointed out that whole regions, many states, and large areas within states are inadequately supplied with elementary and secondary school facilities; that available facilities are poor and often schools are too far away from home for many children. At this time a college education is difficult for non-veterans to get because of large numbers of veterans enrolled, assisted by GI benefits. Many young people cannot afford to get much education even if facilities are available. In the upper-income group nearly all children finish high school, but in the middle group only sixty per cent, and of the lower-income group only thirty per cent do so.

Large numbers of young people just out of school are having a hard time getting satisfactory jobs. Employers prefer adults, expect more training, education, and personal qualifications than they did during the war, and are offering less in wages, job security, and promise of advancement. Some boys and girls have to work under substandard conditions and without adequate legal safeguards. More than ever before young people need the help of counseling and placement services, but these services are available to few.

Not many communities know enough about what is happening to their young people and the job problems they face. They are not sufficiently aware of new situations young people are likely to face. It is in the individual communities that services must be developed to meet basic employment and educational needs of young people. It cannot be done by governmental action alone.

RECOMMENDATIONS FOR FEDERAL ACTION

The Committee sets the following broad objectives for action by the Federal Government to help solve problems of young people:

1. School programs that serve individual needs of all young people at least to eighteen years of age or through high school, and higher education for those whose abilities and aptitudes make it desirable.
2. Removal of financial barriers to school attendance, including the development of a rounded program for student aid.
3. Suitable job opportunities for those ready for employment, under varying labor market conditions.
4. Good standards of employment, including safeguards against child labor, low wages, and harmful working conditions.
5. Good counseling and placement services to help young people make wise vocational choices and find suitable employment.
6. Community action on behalf of youth to bring into play all available resources and plan and put into effect programs to serve individual needs for education and employment.

I. School Programs

In an effort to provide school programs that serve individual needs of young people, the suggestions are:

A. Provide Federal financial aid to states in such amounts and so administered as to make possible development in every state broad, varied school programs adapted to individual needs of youth, including high quality guidance services and a proper balance between general education and specialized vocational programs.

B. Provide Federal aid to states for construction of educational facilities.

C. Press forward on action as recommended in the report *The Veteran and Higher Education*, to increase as rapidly as possible facilities of universities, colleges, and technical institutes.

D. Provide funds and staff for more extensive consultant service on improved methods of education for both in-school and out-of-school youth and on methods of developing guidance services in schools.

II. Financial Aid

To remove financial barriers to school attendance due to costs of attending school, the Government could:

A. Formulate a nation-wide program for providing financial aid to students in secondary schools and institutions of higher learning, with sufficient funds provided to conduct research needed for this purpose. (Copies of a brief report of the Committee on student may be had from the secretary.)

B. Encourage elimination of expenses to students incidental to school attendance—for example, laboratory and other fees, dues for participation in school events, and charges for text books and supplies—and provision of services such as transportation and school lunches.

C. Liberalize public assistance to families in need, with special reference to budget allowances for school expenses and educational plans of young people. Agencies administering grant-in-aid programs for public assistance should give increased consideration to these needs. Federal legislative action is needed to remove the maxima on the amount of assistance the Federal Government will match, and to provide Federal grants to states on a variable basis that will assure proportionately greater aid to states with least financial ability.

III. Job opportunities

As steps in obtaining suitable job opportunities for young people, the Government could:

A. Provide expanded facilities for research on employment conditions and consultant service on methods of improving conditions.

B. Encourage extension of the national apprentice-training program to all communities where apprenticeships should be made available, thus providing wider opportunity for young people.

C. Study desirable means of furnishing work and training opportunities for unemployed youth under public and private auspices in case unemployment should become serious. (This should include consideration of programs under conditions of either moderate or critical unemployment, and should be carried on in relation to the work of the Council of Economic Advisers set up by the Employment Act of 1946.)

IV. Employment standards

In order to set up and adhere to good standards of employment for young people, including safeguards against too early child labor, low wages, and harmful working conditions, the suggestions are:

A. Support revision of the child-labor provisions of the Fair Labor Standards Act to extend their application to employment by the Federal Government, to all employment in inter-state commerce, and to employment in industrialized agriculture at any time.

B. Promote observance of good child-labor and youth-employment standards in the conduct of programs of all Federal agencies, whether such agency is an employer of young persons or an administrator of programs serving young persons.

V. Good counseling and placement services

To help young people make wise vocational choices and find suitable employment, the Government should:

A. Expand public employment-service facilities so as to make possible a high quality of employment counseling and placement service to all young people in need of it, including close working relations with schools and other community agencies serving young people, and stimulation of suitable job opportunities. (A Statement of *Principles of Placement Service for Young People* can be obtained from the Committee's Secretary.)

B. Encourage expansion under state and local auspices of other facilities for counseling young persons both in and out of school.

C. Expand research in the field of occupational outlook and promote wider dissemination and interpretation of this knowledge to youth, with emphasis on long-range employment prospects.

VI. Community action on behalf of youth

To contribute to community action that will bring into play all available resources and put into effect programs to serve the individual needs of all its young people for education and employment, the facilities and funds should be available to appropriate Federal agencies for the encouragement of community action to meet youth needs.

Research and experimentation are necessary to develop means of obtaining a maximum of community participation and genuine coordination of the many services and programs in the local community, and of assuring that the services reach those most in need of them. This program should include study of methods of stimulating and administering services to youth from the points of view of the Federal Government, of states, and of local communities. (The Committee has prepared a report, *Your Community and Its Young People—Their Employment and Educational Opportunities*, suggesting to communities ways in which they can plan local activities to meet youth needs, and presenting questions on which information or decision is needed. This project is a beginning on which the participating agencies can capitalize if given the staff and facilities to do so. Copies may be obtained either from the Committee's Secretary, Elizabeth S. Johnson, Child Labor and Youth Employment Branch, Division of Labor Standards, U. S. Dept. of Labor, Washington 25, D. C., or from the U. S. Children's Bureau, Washington 25, D. C.)

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National Social Hygiene Day
Wednesday, February 4, 1948

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Psychiatric Factors in Social Hygiene Problems

EDITORIAL

"FIND THE MISSING MILLION—" AND HELP STAMP OUT VENEREAL DISEASE

Shocking facts have recently been revealed, by the United States Public Health Service, focussing attention on the extent to which the venereal diseases are still uncontrolled in the United States.

In a few words, these facts are as follows: An appalling total of 250,000 cases of syphilis occur each year in the United States. Of these, only 95,000 come under treatment in the early, infectious stages—*155,000 are not under medical care during the most infectious stage of the disease.* Treatment with penicillin and other preparations stops the spread of disease by the 95,000 treated cases. The 155,000 untreated cases make up the vast reservoir of infection which continuously spread syphilis in the population.

Of the 1,200,000 new cases of gonorrhoea occurring in the United States *each year, 825,000 are not reported under treatment.* Only 375,000 get the medical care which cures the disease and stops the spread of infection.

From the strictly public health point of view, our problem is *to find and bring under treatment nearly one million cases of infectious syphilis and gonorrhoea—now each year without medical care.* This is by no means an easy task but one which will require the cooperation of all community forces. This becomes clear when we answer the question "Why do infectious people not seek treatment?" It is not because they choose to suffer the devastating effects of these diseases or because they wish to spread the disease to their families and others. Very often it is because they are *unaware of infection.* They do not know enough about venereal diseases to go to a doctor when they should. This fact challenges us *to do more and better popular educational work* so that all may know the truth about venereal diseases.

Frequently, even if a person suspects infection, he (or she) does not obtain diagnosis because medical services in private offices or clinics are not available. Even in this rich country there are wide areas lacking such services at convenient times and places, and many other obstacles standing in the way of obtaining diagnosis and treatment. These obstacles must be removed so that men, women and children can find diagnosis and treatment within their reach.

Every existing case of syphilis or gonorrhea was caught from someone who had that disease. Each infected person may have passed on the disease to at least one other person—in some cases several people. It is essential to *find* these infected people—the “contacts”—who may have transmitted or acquired the disease. This is strictly a public health undertaking, requiring efficient health department services and the cooperation of physicians, nurses, pharmacists, hospitals, welfare societies, penal institutions and many other organizations and individuals.

The basic requirement is a good health department, but 63 per cent of the counties of the United States are without any organized public health services. These counties lack the essentials with which to begin a case-finding program for syphilis or gonorrhea, or, indeed, any communicable disease. Obtaining essential public health services, including those for VD, is a task for state and national groups as well as local organizations and individuals.

This is today's greatest social hygiene problem—to get the undiscovered cases of venereal disease under treatment.

To find and treat the cases of venereal diseases is not the whole strategy of social hygiene. It is, in a sense, an emergency undertaking. After syphilis and gonorrhea have disappeared, as they eventually will, the social and educational problems of sex in human life will remain. It is now, and will continue to be, very necessary to educate young people, to prepare them for marriage and parenthood, to fight the commercial exploitation of sex in the form of prostitution, to free society from the ignorance and superstition which degrade the sex or reproductive instinct—that prevent it, for numberless individuals from being a positive force for health and happiness.

In due course, and in the long run, these constructive efforts alone could conquer VD, but they will require generations of experience and effort. Meantime, penicillin places in our hands a miracle drug which, when administered to persons having either syphilis or gonorrhea, promptly stops the spread of infection by such persons. *To find and treat the now undiscovered cases* is therefore a direct and practicable method of attack on these infections, and one that must be presented with all vigor without in the least decreasing efforts on the long-range constructive social hygiene program.

For the Eleventh National Social Hygiene Day, sponsored by the American Social Hygiene Association and the United States Public Health Service, the theme “Find the Missing Million—And Help Stamp Out VD” is one which all social, health, educational and welfare forces can support. Leaders and community agencies of all kinds throughout the country will back this program as a vitally necessary and eminently practical undertaking.

WALTER CLARKE, M.D.
Executive Director,
American Social Hygiene Association

VENEREAL DISEASE ANXIETY AMONG SOLDIERS *

CAPTAIN MORRIS A. WESSEL, MC, UNITED STATES ARMY
Chief, Section of Neuro-psychiatry
121st General Hospital

AND

CAPTAIN BERNARD D. PINCK, MC, UNITED STATES ARMY
Chief, Section of Urology
121st General Hospital, European Theatre

An opportunity to observe a large number of a specialized type of anxiety patients has been available in the Army's 121st General Hospital. These patients presented one factor in common: that is, their anxiety has been expressed in terms of concern over venereal disease, and the majority of the somatic symptoms were localized in the genital regions.

It is well known that injury trauma or pain in the genital area is anxiety-producing, due for the most part to fear of limitation of future sexual activity. In addition, our patients' discussion of their complaints has had one dominant theme—that of fear of having venereal disease. They were also deeply concerned with whether or not the folks at home "could tell," referring not only to disease itself, but also to past indulgences.

Approximately one-half of the patients in this group had been treated for venereal infection within the preceding year, but none presented any evidence of infection at the time of this visit. The term "venereal disease anxiety" has been utilized in classifying this group, and it has been the practice in this hospital to treat these patients concurrently in the Urology and Neuro-psychiatric Clinics. Thirty per cent of the total neuro-psychiatric patients, including out-patients, and fifty per cent of the Urological Clinic patients fall into this group.

This hospital serves troops in the Bremen Enclave, which includes the largest staging area in the European Theatre, serving as both a redeployment and replacement center. A large percentage of all clinic patients are men about to be redeployed to the United States, and it is largely from this group that the patients under discussion have been drawn. In addition, this installation serves as a holding hospital for patients being evacuated to the United States through hospital channels. The unique function of the hospital provides opportunity to gain contact with a large number of men about to be redeployed, either through redeployment or medical channels.

Venereal disease *per se* in any set of circumstances engenders a number of factors predisposing to apprehension and anxiety. Despite concerted efforts for public health education, precise knowledge of the disease is still scanty, and terrifying suppositions and superstitions continue to exist. The associated social stigma is a

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constant threat, and although only rarely a deterrent to promiscuity, it is always a source of considerable concern to the individual, who fears he has contracted illness. Often the therapeutic course is colored by the patient's intense preoccupation in escaping familial and public condemnation. Coupled with the social implications of venereal disease, and provocative likewise of overwhelming alarm, is the fear of permanent physical disability with revealing stigmatizing scars. This concern may be restricted to curiosity about the ultimate effect upon the patient's future fertility or potency or may be long-ranged, focusing on possible telltale effects on his offspring. In any event, even under benign conditions without further complicating ramifications, venereal disease is conducive to emotional reactions often of clinical intensity.

In the military life, and particularly in an overseas theatre, there are further ramifications. Venereal disease is considered to be a normal hazard of military existence as is witnessed by the "line of duty yes" status. The usual stigma of this disease is reduced to a minimum, and in addition in an overseas area, the restraining influences of family and community disfavor are absent. Stimuli such as boredom, loneliness, apathy, dissatisfaction on the job, hostility towards military regimentation, post-combat restlessness, lack of mail, bad news from home, lack of recreational facilities, all serve as motivations for seeking sexual outlet.

A few excerpts from admission notes of patients on the venereal disease service are of interest in this regard:

Twenty-two year old private, high school graduate: "Boys act differently over here. They are away from home; they forget everything. And there is nothing to do anyway."

Twenty-four year old white, single, staff sergeant, college graduate: "When I came overseas, I had a girl friend. We were sort of engaged. . . . Four months ago I received a letter saying that she had become engaged to another boy. Most of the boys had girl friends. . . . I found a pretty girl; she used to be a dancer, about twenty-five years old. And so we had frequent intercourse. She was . . . well, she was and wasn't so nice, I guess. After all, if she had been a really nice girl, she wouldn't have accepted my suggestion. . . . I'm ashamed to admit this. I'm supposed to be an intelligent person; college graduate and all that. I even used to belong to the Christian Endeavour Society. . . . I sort of liked to go where all the people were. . . . I was more closely connected with the Church than either my mother or father."

Thirty-seven year old white, married, private first class, high school graduate: "Three weeks ago I received a twelve page letter from my wife asking for a divorce. . . . I knew something was wrong last Christmas when my oldest boy failed to pass in school.

"It was after I got this letter that I got nervous and wandered around the streets. . . . I was the only man in our barracks who didn't have occasional intercourse, but I loved my wife and children

and didn't want to do anything to hurt them. But when this happened I just didn't care about much of anything then. . . . I know—it's my own fault. . . . I'm more worried about what to do about the divorce, about the children, than about the VD. . . ."

The very nature of an Army of Occupation serves to increase the rate of promiscuity. Men are continually hostile to the idea of further duty now that victory is won, and recreational facilities are less satisfying than similar activities at home. In addition, there is always a large portion of the young female civilian population, who are anxious to gain favor, and who freely offer themselves in return for food, cigarettes, other gifts, or often for prestige and promise of later favors. Liberal numbers of attractive girls flock the streets and mill around recreational centers with eager expressions of encouragement.

Lyon¹ and colleagues in a study of promiscuity among adolescent girls in California, have pointed out that a large number of their patients have been characterized by a stormy adolescent period, early separation from homes, with consequent freedom from home restriction. They also were characterized by frequent mobility of residence, and relative economic independence. All of these factors tend to reduce the efficiency of emotional stabilizing factors.

These same characteristics of living are true for soldiers, but in this latter case it is not entirely personality determined, but rather inherent in military life. Men are expected to accept and adapt to these aspects of living which tend to intensify emotional instability. This point deserves considerable stress. There is a tendency to accept a *laissez faire* attitude towards promiscuity, assuming that it is largely personality determined, or at least "existed prior to induction." The experience at this hospital has tended to indicate the opposite. In fact, if there were no concern over the problem, there would be no clinical picture such as the one under discussion.

It has been noted in this hospital that the number of psychopathic personality individuals seen in the Venereal Disease service is not significantly higher than in any other service in the hospital. These men, as would be expected, present little anxiety and few have found their way into the group under discussion. Men habitually promiscuous seem to take better prophylactic precautions. Dunbar² has emphasized that patients in the "Fracture Group," characterized by an attitude of impulsive restlessness, with a tendency to hurl themselves into poorly considered activities, nevertheless were found to have a venereal disease rate lower than the cross section of the population, although the rate of promiscuity was somewhat higher.

In summary, separation from heterosexual contacts, in combination with other factors already mentioned, tend to set a scene which leads to the present picture, that is to consider it "culturally normal" to seek occasional sexual outlets.

Elkin³ has described this outlook in detail, stating: "He (many American soldiers) simply viewed all women in terms of youth, sur-

face appearance, and willing aptitude; and frequently he regarded the prostitute with special affection, because, unlike other women who often were formal and reserved, she had the friendly smile and democratic ways which he had been accustomed to expect in social life. Since his own disposition to sexual matters was so thoroughly egocentric, he more readily in fact identified himself with the prostitute. Her approach to sex was as direct and casual as his own. . . . He believed that she engaged in her work mainly because she 'liked it,' and that her taking money only did credit to her practical sense. And, in view of his own uncertain inclinations, he did not tend to regard her intimacies with other men as especially degrading. In the light of this behavior, it was not surprising that GI's would show a marked preference for German girls, who typically combine free and easy habits with an uncritical appreciation of everything masculine. . . ."

It is when these men are about to be redeployed to the United States that they begin to think in terms of the cultural and familial restrictions of their home community, as well as the possibility of "taking something home with them."

The proximity of the staging area has unquestionable influence on the specific character and incidence of this anxiety problem seen at this hospital. To many, it represents the end of the long, painful trail of enforced military duty and connotes the termination of an unwanted temporary existence widely divergent from the cultural milieu previous to induction. Under such circumstances, it is natural for the individual to pause for a personal survey in contemplation of the renewal of his former habits and return to his pre-induction way of life. If the appraisal shows up the worse for the military period, this dissatisfaction may present itself in physical concern. The whole problem may be further complicated by a general uncertainty regarding the future and an unexpressed unwillingness to re-assume the responsibilities of civilian life.

The inactivity, boredom and uncertainty which is inherent in any staging area fosters introspection and aids the soldier in intensifying somatic manifestations of tension. Pointing to the same problem from another aspect is the group who in their eagerness for departure, cannot, with any forbearance, tolerate further delay. To these men the final physical inspection looms as an almost insurmountable obstacle, and unhealthy concentration and preoccupation result in symptomatic complaints and the magnifying of insignificant, or non-existent, genital lesions. All past indiscretions, no matter how remote or how irrelevant, appear to have finally caught up with the individual to oppose his departure.

Patients whose problems are mainly psychosomatic manifestations of anguish over supposed venereal disease comprise half the total attendance at the Urological Clinic. Over a period of eleven months, this has amounted to approximately one hundred and fifty patient

visits monthly, the frequency of return of each individual being modified of course, by the separate distinguishing factors peculiar to each case.

Close scrutiny and increasingly contemplative consideration with growing interest in the problem has permitted classification of these patients into four main categories. This index is adaptable to almost any contingency that has been confronted to date.

A. The largest group encountered are those who have frequently deviated from the accepted moral standards of their previous behavior and who, now preparing to resume their living in the previous cultural setting, are overwhelmed with feelings of guilt based upon past indiscretions. This group includes many who have been treated for venereal disease in the past, and who suffered minimal emotional feeling at the time. Apparently, however, it is the anticipation of the resumption of living in the former cultural milieu that initiates the anxiety. It is a general characteristic of these patients that they are the most concerned with revealing, disease-identifying scars. A small percentage have bizarre complaints, genitally directed, such as "heaviness of the penis"; "cold flashes in the bag," etc. The great majority, however, acknowledge that the genital complaint is fictitious, and serves merely as a basis for further discussion. These patients are the most verbose and are insistent upon unwinding long, lurid tales, the telling of which to a doctor provides some relief and satisfaction. Best definitive results, however, are achieved by permitting the verbal ventilation and subsequent discussion, with constant reassurance. The majority of these patients gather sufficient insight to reduce their symptoms by a marked degree.

B. In the second category, are patients who have diverged only once from their own rigid pattern of acceptable conduct. These patients cannot escape the remorse of a single offense, no matter how mitigating the circumstances. The guilt feeling is soon projected as bodily complaint, with initial manifestations corresponding to what the patient assumes is compatible with a venereal disease. The anxiety in these cases is deep seated, progressive, often obsessive compulsive in nature and may lead to reactive depression. All such cases respond poorly under urological observation, and psychiatric treatment inevitably dominates the therapeutic course. Frequently hospitalization is necessitated.

The following case is illustrative of this group.

This thirty-year old, white sergeant appeared in the Urological Clinic in a state of marked agitation, stating: "You must help me. I've made a terrible mistake. . . . I've caught some venereal disease."

Patient complained of pains in the groin, burning pain in the genital area, weakness, tremulousness, and inability to sleep, following sexual intercourse twenty days previously. There was no history of urethral discharge, nor any genital lesions. Examination revealed a tense, tremulous, weepy individual. Palms were sweaty. Face

was flushed. No evidence of infection was noted. Laboratory data revealed no supportive evidence of venereal disease. Patient continued to complain of severe aches throughout his body and on repeated visits there was also noted a marked reactive depression associated with the anxiety picture. At this time patient was referred to the Neuro-psychiatric Clinic for further treatment.

Chief complaint upon admission to the psychiatric service was as follows:

"Well, you see, sir, I have been married eight years. I have a seven-year-old son. I lived a good Christian life, both before I was married, and in the Army. . . . I intended to go back to my wife the way I left her. . . . Well, on March 3 I was on leave, and I met a girl, and I had a few drinks, and before I knew it, I had intercourse with her. . . . Since then I have felt terrible. . . . Six days later I began to have a burning pain in my penis. It got worse when I urinated. Sixteen days later it stopped. Then I began to get a pain in the inner aspect of my thighs. . . . I feel all choked up. As long as I am busy, it's OK. . . . But at night, I just can't sleep. . . . I feel terrible all over."

Family history revealed that the parents were of a strict religious type, and that the patient and eight siblings had all been brought up amidst a rigid moralistic home environment. Patient was married eight years ago to a girl he had known for four years. He denied premarital or extramarital sexual relations, up until the present incident. There was one child aged seven. Patient's own statement, written during first week of hospitalization is illustrative of the clinical picture:

"For a day or two what I had done worried me, but I said that I must accept what had happened. I thought nothing more about it until my penis started to burn. . . . That started about five days after intercourse. It burned for five or six days, and then stopped. I felt normal except worrying a little, for the next eight or nine days. Then the pain came in my right leg. Some days it would be in my knee; other days it would be up next to my groin. Not knowing any more about the disease then, I thought that this was it. I took my first Kahn about eighteen days or more after the intercourse. It like all the others, was negative. About two weeks later I started going to the Urology Clinic. . . . I have tried very hard to tell myself that there was nothing wrong with me. . . . That is, no venereal disease. . . . Just the same as the doctors have. But because of the pain in my leg, I have not been able to. . . . I pray there isn't."

As can be seen, patient presented a picture of marked anxiety and obsession, with associated reactive depression.

During the first few days of hospitalization, this patient sat by himself, and found it extremely difficult to talk or be in the presence of the nurses and Red Cross worker. . . . He later expressed this feeling: "When I first came here I felt unfit to be in the room with

an American girl." However, during the hospitalization patient became less depressed, and took an active part in ward activities, and was extremely interested in other patients and the recreational program. He gained considerable insight, and the majority of his symptoms decreased. Upon discharge, patient still presented symptomatology, but he was well enough to warrant discharge from the hospital, and return to the United States through redeployment channels.

C. From a more logical basis, stems the alarm and concern of that group who exhibit physical signs at once suggestive of gonorrhoea or syphilis. These are men who have penile lesions or urethral discharge of nonvenereal origin, scabies, balanitis, abrasions, furuncles, Vincent's infection and nonspecific ulcers may readily be mistaken for chancroid or chancres. Similarly, a urethral discharge may be referable to a nonspecific urethritis, prostatitis, or seminal vesiculitis. Yet, while the lesion is demonstrable the fear of venereal disease persists, and the patient remains inconsolable, awaiting the inevitable condemning laboratory report. Too frequently the patients own manipulation contributes to the extended duration of the symptoms. They will apply their own medicaments, express ulcers or almost continuously massage the urethra, thereby, aggravating an already inflamed mucosa. As the anxiety progresses, new, utterly dissociated symptoms become apparent, such as backache, thigh pain and perineal throbbing. The patient becomes a habitue of the Urology Clinic, demanding almost daily smears and blood tests. Frequently he will have in his possession, twenty or thirty laboratory reports garnered from every dispensary in the vicinity. With the regression of the physical signs, the patient more readily accepts the professional opinion, but is still subject to recurrent anxious moments, particularly if an exacerbation of the lesion occurs.

D. This category comprises a small group who are beset by non-existent lesions. Deep brooding, often provoked by anti-venereal disease campaigns, barrack conversation, or recent sexual exposure results in alarming misconceptions. The patient will envision a minute ulcer, or will decide that an irregularity in the glands represents a chancre. A surprising common habit is to separate wide the urethral meatus and suggest that the exposed mucosa is a luetic manifestation. A few drops of urine in the urethra after micturition are misinterpreted to be a urethral exudate. The majority of patients in this division are men in the staging area who feel that they can suffer no further delay in departure, and wish to insure against any such possibility before the final physical examination just previous to embarkation. The problem in this category is not a difficult one and is invariably resolved in only one visit.

Patients appearing at the Neuro-psychiatric Clinic usually have been referred from a unit dispensary or from another clinic in the hospital. The chief complaint is usually verbalized in this manner: "I know I must have something wrong . . . some venereal disease,

I have pains in my groins. I can't sleep. . . . I have a slight discharge; and my back aches."

Examination ordinarily reveals a tense individual with marked evidence of anxiety. History is usually that of sexual contact several months before, with no evidence to support the diagnosis of venereal infection. Further conversation reveals that the patient has a deep seated guilt feeling and feels ashamed to return to his own family and community. Many of these patients have presented a picture severe enough to warrant hospitalization, and two cases of a psychotic nature have been observed. Colleagues in Neuro-psychiatric Sections elsewhere in the theater have reported similar cases.

Conversation during the first interview usually focuses around the problem and attitudes of soldiers overseas, and relative incidence of promiscuity. Complete physical examination and laboratory examination are performed, and patient is usually referred to the Urological Clinic for thorough work-up and further reassurance.

By the next visit, the majority of the patients have shown some reduction in symptomatology and have gained some degree of insight. It is usually possible to urge these patients to go on with their redeploying units, although it is recognized that their anxiety will continue until they reach the United States and face the family again. . . . It has been found necessary to admit a few patients to the hospital. Upon admission, aside from the usual physical examination and laboratory work up, these men are drawn into an active craft and recreation program. This point deserves considerable emphasis, because many of these patients present such a deep seated guilt reaction, that it expresses itself in an unwillingness to be in the presence of American girls. The manner of acceptance on the ward by nurses and Red Cross workers plays a very important role in their recovery. Several of our patients have been placed on subshock insulin therapy, as an additional therapeutic aid, as well as for its appetite stimulating effect.

Another important aspect of the program has been the daily group therapy sessions, in which discussion of physiological aspects of anxiety and etiological factors are discussed. In these sessions, the patients with anxiety symptoms gain insight into the etiological factors, and also seem to gain a collective security while discussing their own varieties of insecurity. . . . These sessions were found especially valuable when there were combat men in the group, who describe their anxiety symptoms in terms of combat etiology.

In summary, our aim has been to instil confidence, give insight, and to motivate the man to accept going home and facing his family. As one patient so aptly expressed it. . . . "I still have the same troubles, but the insulin and living here sort of built up my resistance and I can face it better."

A typical case of this nature is the following:

A twenty-two-year old single white sergeant, three years Army Service, twelve months active combat, wounded in action on two

occasions, was admitted 1 December 1945 with chief complaints of poor vision, backache, sweating palms, pain in finger joints, insomnia, poor appetite, and occasional bouts of diarrhea of three months duration, following gonorrhea and adequate penicillin treatment. He stated upon admission: "I know I was adequately treated with 200,000 units of penicillin. I know you will say this is an anxiety state. I went to college. I studied psychology. . . . This isn't anxiety state. . . . This is some VD. . . . It's going all through me. . . . Look at my hands; look at my fingers. . . ."

Physical examination upon admission revealed a markedly tense individual. Pulse 90. Blood pressure was 160/80. Palms and feet were sweaty. Reflexes were hyperactive. Remainder of physical examination negative. Family history revealed a marked rigid upbringing. Father retired at age sixty-five, but continues to go horseback riding every morning at six o'clock. Both parents are very religious. Five brothers were officers in the Army. One brother is a Regular Army Colonel.

The best picture of the soldier's clinical status is given in his own words, written while patient was hospitalized:

"We assaulted the Rhineland . . . there were several Polish girls, who were very eager for the wonderful American soldiers. . . . Being slightly intoxicated, I complied with one of them. . . . Afterwards I walked back a mile to our forward aid station for a Pro. . . . but they had no facilities. . . . Seven days later my back began to ache across the sacrum, and also my prostate, and also my arm and legs and testicles gave me troubles. . . . Then I was evacuated for a bullet wound. . . . I received penicillin for the wound. . . . During my stay in the hospital I had no aches and pains, so I completely forgot about ever having them. . . . I returned to my outfit in early June . . . and I felt fine, until I had an unfortunate incident occur. . . . I received gonorrhea from a German woman on the 26th of June and was treated on July 1st. . . . At this time aches and pains returned and have continued since that time becoming worse as the weeks passed. . . . My symptoms reappeared, the most painful being my back and also my groin, arm-pits, eyes, and testicles. After one month I began to feel deep nausea and spells of weakness. I found that I could not hike over four or five miles when my legs and back began to ache and pain, and also my prostates. Now I find that I ache in every bone and joint; the pains are sporadic, but there are always aches, either in my shoulders, back or hips. I also have pain in my hands, wrists, feet, knees, and hips. I still feel nauseated and so damned tired all the time, but I find that I have a voracious appetite; however I have trouble sleeping. I have also had frequent discharges that were clear and sticky. . . . I have had aches in my prostates after a solid bowel movement. . . . I have refused to go home, simply because I do not feel well enough, not because I have had VD. Damn, I'd go home if I had suffered from leprosy, if I felt well enough to enjoy going home. It's not idea of having had anything previously, because I could easily forget it if I didn't have

these persistent pains. I know I'm sick, or I wouldn't be here; but I haven't written anything about my thoughts or my ideas, about what I have or am suffering from because that's your job. You have the knowledge and experience. I only have the pains and aches." (Signed) A troublesome patient.

Laboratory data revealed no evidence of any venereal infection. Prostatic examination revealed a mild low grade prostatitis of non-venereal background which responded to sulfadiazine therapy and massage, and was believed to be unrelated to any of the symptoms. Patient responded slightly to psychotherapy, only to backslide when an adjacent patient had a spinal puncture performed to rule out central nervous system luetic infection. "I think I should have a spinal." Such was not performed.

After three weeks of hospitalization, patient returned to duty, did not take advantage of his ASR score of 85 points, which would allow redeployment, but remained in this area for several months, appearing at irregular intervals in the out patient department requesting serological test. Symptoms finally improved to a satisfactory degree, and patient went home, three months after the opportunity first arose.

SUMMARY

A combined Urological and Neuro-psychiatric clinical problem, that of "venereal disease anxiety," is described. This symptoms-complex has been observed in a large number of soldiers just prior to their departure to the United States, after an overseas tour of duty. The clinical picture has varied from mild anxiety to severe anxiety with associated depression, severe enough to warrant hospitalization on the Neuro-psychiatric Section. A classification of cases has been suggested and combined Urological and Neuro-psychiatric management is discussed.

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THE PROBLEM OF SYPHILIS AS SEEN BY THE VETERANS ADMINISTRATION *

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In the United States Public Health Service, state and local health departments, the prevention, treatment, and follow-up of early syphilis is emphasized. In the Veterans Administration the problem of syphilis in the past has been largely the treatment of tertiary syphilis. There has been no preventive program and practically no follow-up service. A section on dermatology and syphilology has been created under the direction of Dr. Donald M. Pillsbury, Professor of Dermatology and Syphilology of the University of Pennsylvania. At present, plans are being made to develop a follow-up program for the purpose of preventing the appearance of the late manifestations of syphilis in World War II veterans.

It is estimated that the Veterans Administration spent 82 million dollars, from World War I until 1940, for the medical care of that war's veterans infected with venereal disease. This was almost entirely for syphilis. The veteran population will be four times as great after this second war. Recent changes in legislation have increased the cost per patient by authorizing payment of compensation for disability due to venereal disease if the infection was contracted in service. Approximately 200,000 cases of syphilis were contracted while in the Armed Services since 1940. If nothing is done to prevent the onset of tertiary syphilis a large number will become disabled in the next twenty-five years. Since disablement is now compensable, the resulting cost to the taxpayer will be staggering. Without preventive action, it is estimated that the cost of medical care alone, in the next twenty-five years, will be approximately 328 million dollars. This figure does not include compensation for disability, loss of private income, and other social costs. If estimates for these items were included the total runs into ten figures spread over the next twenty-five years.

I should like to discuss the size of this problem in a bit more detail. Over 400,000 cases of syphilis have been treated in the Armed Services since 1940. About 200,000 of these were inducted with syphilis. In addition, approximately 77,000 cases who deny history of infection or treatment for syphilis prior to induction or while in service have been found to have a positive or doubtful blood test on separation from the Service. Last summer Army venereal disease rates were the highest since 1913, with from 2,000 to 2,500 new cases being reported each month. The above figures are further complicated by two additional factors:

* Remarks at the Annual Conference of State and Community Social Hygiene Executives, New York City, March 4, 1947.

(1) Since the Armed Services have been using new methods for treating syphilis the long-term failure rate is unknown.

(2) A great many veterans treated for syphilis while in Service never received an examination of their spinal fluid prior to separation. The actual number is unknown, but preliminary studies by the Army reveal that less than 20 per cent of those who were treated with penicillin received a spinal fluid examination prior to discharge. A similar estimate was received from the Navy for their cases treated with penicillin. In justification of the Armed Services, many of these cases were probably separated before sufficient post-treatment time had elapsed to warrant spinal fluid examinations. We now estimate that from 100,000 to 150,000 cases were treated in service for syphilis and discharged without a spinal fluid examination.

It is not possible to estimate accurately at this early date how many cases of late syphilis will occur. The long-term results of the newer treatment methods of syphilis are not known. The most authoritative opinion to date was given by Dr. J. E. Moore, as chairman of the Sub-Committee on Venereal Disease of the National Research Council. This committee predicted that approximately 12,500 cases of symptomatic neuro-syphilis would develop, spread over the next twenty-five years. This is probably a conservative estimate as it was made before it was known that variation had occurred in the potency of commercial penicillin. A random sample of the Army's syphilis registers now in the possession of Veterans Administration have been studied, and if the incidence of neuro-syphilis in the entire list of 300,000 cases is the same as in the portion sampled, the Veterans Administration now has in its files approximately 10,000 cases of symptomatic, or asymptomatic neuro-syphilis.

To attack this problem, a long-term research and follow-up program is being planned to prevent the appearance of the late manifestations of syphilis in veterans infected since 1940. At present, the Veterans Administration is not planning an intensive follow-up program on World War I Veterans, as that group would not yield such productive results. The plan includes the follow-up of the following groups of veterans in order of priority:

(1) Veterans who were found to have a positive or doubtful blood serology on separation, but who were inducted with a negative serology and gave no history of infection or treatment while in service. The United States Public Health Service has a file of about 77,000 such cases in its central registry.

(2) Veterans having a positive or doubtful spinal fluid examination. The actual number of such veterans is unknown, but we estimate that there are 10,000 such cases in our files at present.

(3) Veterans infected with syphilis while in service, but who have never had a spinal fluid examination. The number of cases falling into this category is also unknown, but is estimated to be between 100,000 and 150,000.

(4) Veterans infected with syphilis who, in the light of present and future knowledge, have received inadequate treatment.

(5) Random samples of veterans treated by the various newer treatment methods to estimate the failure rates. Such information would be of the greatest importance to the Veterans Administration in planning for adequate facilities for the care of patients with late syphilis. In addition, it would provide valuable scientific data.

Both the Army and Navy Preventive Medicine Divisions have expressed approval of this program, and the United States Public Health Service has offered active participation. The Sub-Committee on Venereal Disease of the National Research Council has endorsed it. It has been approved by General Paul Hawley, The Chief Medical Director of the Veterans Administration. It has been submitted to General Bradley for his approval.

There are many difficulties to be overcome before such a program can be put into effect. Congress has not authorized the Veterans Administration to do this type of preventive work. Another serious difficulty is that under present laws the Veterans Administration cannot provide treatment for a non-service connected disability in its out-patient clinics. That means that any veteran who contracted syphilis prior to induction, or after separation, cannot be treated in a Veterans Administration clinic. Those actually requiring hospitalization can be treated in a Veterans Administration hospital, but only if beds are available, and if they cannot afford treatment elsewhere. In addition, there are long lists of veterans (28,000 as of August 31, 1946) awaiting hospitalization. Finally, it is poor administration, in our opinion, to duplicate services provided by other governmental agencies.

For the above reasons, our plans have been modified. We expect to do the work on the records and transfer to the United States Public Health Service abstract histories of veterans who, according to our records, need further follow-up. The United States Public Health Service will place cases referred to them into their follow-up channels, requesting additional data on these cases from state and local health department clinics. Sufficient copies of the abstract histories will be run off mechanically so that one copy will eventually be returned to the Veterans Administration with a notation as to the amount of treatment given and the results of follow-up blood and spinal fluid examinations. It will be a big job, since it is estimated that between 200,000 and 300,000 cases need further follow-up right now.

Since this program is still tentative, I do not feel that I should approach this group with any specific suggestions as to how Social Hygiene Workers can help. However, there are indications that many veterans are becoming infected with venereal disease since discharge. The United States Public Health Service has estimated that about 52,000 veterans were admitted to rapid treatment centers in 1946, for primary, secondary, and latent syphilis. We believe that most of these infections were incurred since separation, but we are vitally

interested in the work other agencies are doing to reduce the incidence of fresh infections in veterans, since we may have to provide hospitalization for those developing tertiary syphilis during the next twenty-five years.

Although our support to the American Social Hygiene Association program in repressing prostitution and in educating the civilian population can only be a moral support, we are affected by your efficiency. There are indications that syphilis in the Armed Services has increased markedly since V-E Day. (The syphilis rate in the Army has reached 15 per 1,000 per year. In the European theatre the syphilis rate was 47 per 1,000 per year for the month of November 1946). A great deal of this upsurge may be due to the disruption of the venereal disease control programs in the Army and Navy caused by demobilization. Whatever the cause, an increased burden has been thrown on the American Social Hygiene Association to try and hold the line. The demise of the Social Protection Divisions of the Federal Security Agency has also thrown additional work upon the American Social Hygiene Association. Any results you are able to achieve in repressing prostitution and in educating the American public in the various aspects of social hygiene are of great benefit to us by lowering the incidence of new infections. Good work on your part means that twenty years from now we will have less paretics and tabetics to hospitalize.

Organizing community action is the most difficult aspect of venereal disease control. I have long been convinced that it is the most important. If prostitution continues flagrant in the community, all the clinics and rapid treatment centers in the world won't solve the problem. They have all they can do to keep up with the new infections. The reduction of prostitution to a minimum is the start of any well-rounded venereal disease program in any community. I have seen local Army venereal disease rates cut in half, time and again, by cleaning up prostitution.

The Veterans Administration is not authorized to help you with this most important work. It is my understanding that an effort will be made to persuade the new Congress to reactivate the Social Protection Division. If this happens the Government can be of some practical assistance to you in this struggle. In any event, you have my blessing but thoroughly mixed with my commiseration.

THE PROBLEMS OF THE OCCUPATION SOLDIER

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Two new and peculiarly "occupation" types of casework have developed in army hospitals overseas in recent months, according to American Red Cross assistant field directors and social workers assigned to hospitals in Germany.

These involve (1) the teen-age soldier who tries to prove that he is grown up and who gets into trouble in the process, and (2) the combat veteran who re-enlisted hastily when adjustment at home seemed difficult and who realizes suddenly that his flight from problems has not been a solution to them.

Recognized by Red Cross workers throughout Germany, the two new categories have been noted particularly in Berlin, where restriction of troops to the city intensifies emotional and social problems and raises the incidence rate of casework. Red Cross workers at the 279th Station Hospital there say that the great majority of their casework load today falls in these two classifications.

With the teen-age soldiers, they point out, the basic difficulty seems to be an impelling desire to appear adult. Away from home for the first time in their lives, the youngsters seem to feel that if they cut themselves off completely from home and even from principles learned there they can prove that they are grown up.

In its least harmful form this desire manifests itself in their failure to write letters home. There has been a sharp rise in recent months of Red Cross chapter letters from the States requesting health and welfare reports on youthful soldiers who haven't written their families. An average of 25 such letters a month are received by Red Cross workers at Berlin's 279th alone, and other hospitals report similar figures.

In other, more serious forms, the desire results in drastic efforts to "show" older soldiers who tease them about their youth, and the teen-ager winds up in army stockades for being drunk and disorderly or in hospitals for cases of venereal disease.

Once having proved his adulthood in such a manner, the young soldier wavers between pride in his accomplishment and shame at having violated mores he learned at home. The nineteen-year-old with VD who said half-defensively to a Berlin Red Cross worker, "Now I guess the guys will lay off me about being dry behind the ears," was the same boy who requested that the Red Cross write his mother and explain that he had been in a jeep accident. This invention of fabulous stories to explain their hospitalization without admitting its

true cause is common among the youngsters, Red Cross hospital workers say.

Other more sensitive or more rigidly brought up teen-agers develop full-fledged guilt complexes over their "adult" escapades. In Berlin's 279th a Red Cross case aide received a death message for a young soldier in the VD ward. She went over to see him, broke the news that his twin brother had been killed in an accident. The boy seemed to take it well, but three days later he was in her office asking about the possibility of getting a furlough home. Questioning him sufficiently to decide that there was only a slight possibility that the army could grant such a furlough in his case, the worker engaged him in conversation. She thought she knew what was bothering him, but she wanted him to face it. Finally he did. "It's my fault!" he burst out suddenly, fighting back what he considered unmanly tears. "It's my fault he's dead! My brother never would have got VD."

A similar case at the same hospital involved a boy whose sister died in childbirth. He blamed himself unmercifully, making a guilt connection between his contraction of venereal disease and the entirely unrelated tragedy of his sister's death.

Young soldiers are at first much harder to work with than are older troops or than were combat soldiers, Red Cross hospital workers say. Part of the grown-up act is toughness and diffidence, and they seem to harbor a secret fear of reproof. Once a teen-ager decides to talk things over, however, he makes a complete surrender of his problem and becomes very much the youngster, they point out, a little terrified of what may happen and a little shocked at himself.

In a growing number of cases the lack of parental guidance during the war years is beginning to show in soldiers who get into trouble overseas. "We're getting 'problem boys' now who were only 14 or 15 years old when war started," said a case aide in Berlin. "Many of them are young enough to have had fathers in service, and many of them come from families where both parents worked during the war."

As for the second category of peculiarly "occupation" casework, Red Cross hospital personnel report more and more cases of both men and women who re-enlisted to escape home problems and then, faced with the prospect of a long overseas tour, either get into trouble or realize that reenlistment was no real or effective solution and want to go back home.

Illustrative of this "postponement" aspect is the case of the soldier who made his original contact with Red Cross workers to request information on agencies in the States which could be contacted to look after his children. Discussion of his problem divulged that his wife had been unfaithful to him during the war. His parents, fearing the effect of the news while he was in combat, kept it from him. Then at the war's end he was told both by his parents and his wife. Hurt and bitter, he kept signing over to stay in Europe instead of going home to face the situation. Then he received a birthday card from his youngsters, bearing a return address unfamiliar to him. He was afraid that

his wife had turned the children over to someone else to care for. After a three-hour talk with the Red Cross hospital worker, the soldier decided that he should go home. A Red Cross chapter health and welfare inquiry was requested by the caseworker. If it shows a need for the serviceman's presence he may be able to get an immediate dependency discharge and go home. In any case, he has made up his mind to return to the States as soon as possible.

A slightly different case in the same category was that of the sergeant who returned home shortly after war's end, decided that his marriage was not working out well, and re-enlisted for overseas duty. He had three years of rather uninteresting occupation duty before him; he began to think that he hadn't tried hard enough to make his marriage a success; he wanted to go home. His attempted solution was a desperate and bizarre one. Several men in his outfit had been sent home recently, and rumor within the unit had it that the action was a result of their repeated contraction of venereal disease. The soldier himself was in the VD ward when he asked to see a Red Cross hospital worker. "Will you call my outfit," he asked, "and tell them that I've had VD four times and should be sent home?" Explaining that there was no army regulation under which he could be sent home for this, the case aide persuaded him to write his wife and begin trying to straighten things out. The soldier decided to investigate the possibilities of having her join him, of getting Stateside duty, or other possible solutions to his problem.

One element of optimism in the rising incidence rate of cases involving hasty re-enlistment, Red Cross workers say, is the indication that men in this category have begun to face their problems. "The more cases they institute, the fewer there will be who are still postponing or running away from adjustments," one case aide said. "From that standpoint we are glad to see the case figures rise."

Less optimistic is the rising case figure on teen-agers. During the war there were fewer very young soldiers overseas, and those who were had the absorption of combat or potential combat to occupy their minds. Today the general feeling of restlessness and the "red tape" aspects of occupation as compared to combat intensify the problems created by too much spare time. The spare time bugaboo affects all groups of soldiers but seems hardest on the teen-agers, hospital workers agreed.

A PSYCHIATRIST LOOKS AT SEX OFFENSES

PHILIP PIKER, M.D.

Assistant Professor of Psychiatry, University of Cincinnati

An audience which awaits a discussion on sex—and this includes even those who profess a certain sophistication in such matters—usually reminds me of a youngster who knows there are some cookies in the pantry, and who is contemplating a raid. He knows there is something in the pantry which is of interest—he feels a sense of anticipation regarding the adventure, mixed with some apprehensiveness—there is something naughty about the situation, which inspires guilt—but he reassures himself that they are only cookies, and that cookies actually were made to be eaten; and, after all, what's fundamentally wrong about eating cookies?

This comparison is made partly in order to get this meeting started in a light vein, and for the purpose of promoting relaxation; but it serves also to make a point which is of first importance, and of which we need to be aware if we are to do some straight thinking about sex, regardless of whether we are tackling the topic from the point of view of adjustment or misdemeanor. The point is that the prospective cookey pilferer had mixed emotions—and I think it may be said that most of us have similarly mixed emotions, and mixed-up thinking, regarding sex.

If I were asked to give the reason—simple, and brief—for sexual maladjustment in adults, sex difficulties in children, and anti-social sex behavior generally, I would say this: the reason is that we lack a sound and consistent and wholesome attitude regarding sex. We lack it individually, and we do not have it as a group. The explanation for this reason—the why of it—could not be discussed briefly. It is a complex affair involving the interplay between various facets of the individual's personality and the culture within which he is trying to exist. But though we cannot go into the subject completely here, we can touch on some of the important high spots.

Despite the fact that parents, and others who are overly sentimental in this regard, dislike admitting it, children become aware of sexual matters at an early age. They are curious concerning their own bodies, as they are about everything else; and they notice anatomical differences in their parents, their brothers and sisters, their playmates. Most of them—perhaps all—pass through periods wherein masturbation occurs, and often also childish and innocuous sex play with other children. This curiosity, and these activities, need have no harm-

A paper presented as part of a *Panel on Sex Offenses As Seen By Psychiatrists, Police, Parents* at an observance of National Social Hygiene Day, Feb. 5, 1947, under the auspices of the Cincinnati Social Hygiene Society.

ful effects—indeed, they are never, of themselves, harmful. If damage is to result from such things, if real problems are to develop, they will originate in the child's reaction to them. In other words, abnormal sex behavior in childhood—and what I have thus far mentioned is not abnormal—and in adulthood, will result not from his normal curiosity and transient childhood sexual activities, but from the notions he develops regarding them. If he gives undue importance to these things—if he acquires twisted ideas about bodies and parts of bodies and sex activities—if he develops anxiety and fear concerning them—then we may expect trouble.

If trouble in this phase of the individual's adjustment results from mistaken notions in childhood, how do these notions come about? The answer to this question is, of course, not difficult; and it is this answer that points the way toward avoiding such trouble. Most of the child's—and, as a consequence, the adult's—personality traits, his attitudes and types of reaction, his interests, his standards, and so on are derived from his relationship with his parents. This is as true for his sexual attitudes and behavior as it is for the other aspects of his personality.

The parent who believes that her five-year-old child knows nothing about sex, and never thinks about it, merely because he never mentions it, is playing the ostrich. Because children do not hear their parents discuss such matters, or witness sexual activity, does not mean that they do not do their own thinking. They are, remember, curious and observant; but they are not yet very intelligent, and they are not at all informed. So you may be sure that if all their thinking about anatomy and sex is done in a secretive and unguided manner, they are likely to develop misconceptions. Just as they are likely to develop misconceptions if their innocent curiosity and activities are handled as though they were crimes, meriting distaste and anger and punishment.

There is nothing parents react against, in their children, with as much intensity of emotion as sexual matters. And it is little wonder, then, that sex becomes associated, in the child's mind, with all sorts of emotional distortions. If this happens we should not wonder that the child grows up to be frigid or impotent, or to have excessive sex desires, or to demonstrate perverted sex interests.

I might mention one example, apropos of perversions, to illustrate a possible sequel of improper parental attitudes regarding sex. Most perversions—such as peeping, exhibitionism, and so on—are properly defined as complete sexual satisfaction achieved by measures short of actual intercourse, with the pervert having no desire for the actual sex act. An example is the peeper, who derives all the sexual gratification he wants merely from looking at another individual (usually of the opposite sex) in greater or lesser degree of undress. In this connection it should be pointed out that the definition I have given indicates that the peeper—as well as the exhibitionist—in the great majority of instances, is not likely to make any attempt to molest anyone physically. His final objective is to see—or to show himself, if he is an exhibitionist. Now in trying to understand the peeper, it is necessary to keep in mind that it is not considered abnormal to obtain some sexual

stimulation from looking at members of the opposite sex—as in love-making preliminary to the sex act, or in suggestive pictures, or in burlesque shows. The abnormal element enters when one goes to extraordinary lengths to see these things, and when the seeing of them satisfies the individual's sexual need entirely.

How does such a phenomenon as a peeper happen? The explanation varies as to detail in different instances; but in general the reason is that somewhere in the individual's psychosexual evolution he developed some distorted notions, some excessively emotional reactions, some blocks in his thinking about and reacting to sexual matters. It is the conviction of those who have had the opportunity to study and work with human beings from the psychiatric angle that, with the exception of the very small group which has actual physical reasons for sexual difficulties, sexual maladjustment would not occur if children were exposed to proper adult attitudes. If such attitudes are to prevail, parents, teachers, and all those who have to do with rearing and guidance of children need to be properly informed regarding sexual matters, and to attempt to straighten out the emotional kinks in their own reactions to sex.

How many of you have been embarrassed, and felt awkward and tongue-tied, when a four-year-old asked you how babies were made? If you stop to think about it, it actually is ridiculous to admit that a four-year-old could embarrass you about anything. Then why were you ill at ease? It was because the subject of sex was out in the open, and that subject is difficult for you to manage, even with a child. If this is true, then you yourself are not properly oriented about sex: your emotions about it are still mixed up some. If they are, you can go back to the first few years of your life for the reason. And if your child, or your pupil, or your camper, is not to be more or less mixed up too, you had better get your own thinking in order so that you can provide him with the proper atmosphere and information for the development of a wholesome and acceptable sex life.

I suppose I should say more about sex offenders specifically, though everything I have said thus far is applicable. To begin with, it should be stressed—and with as much emphasis as possible—that sex offenders are sick people, and that their offenses are symptoms of their illness. Think about it for a moment! Here is an individual whose sexual activity is greater, or different, or more aggressively demonstrated than the normal. Immediately, then, we may say that he has some sort of abnormalcy associated with his sexual development. Further, he acts out his sexual needs in a manner which is likely to result in real trouble for himself—imprisonment, bodily injury or death, loss of respect and reputation, perhaps hostility and rejection by his own family and friends, financial and professional disaster, and so on. For the sake of a brief period of physical pleasure, he jeopardizes his entire future. An individual who does this has either a distorted sense of values, or an inability to control his impulses, or both. The same thing may be said, in varying degree, of any sick psychiatric patient. So that our sex offender is sick.

I wish I could be certain that I am getting this point over to you—the fact that the sex offender is sick. Without a realization of this fact, we are hardly likely to solve the problem of sex offenses. And please make no mistake about my purpose in stressing this point. I am not recommending that sex offenders be coddled. I am not recommending this any more than I would recommend that a patient with typhoid fever be coddled. The typhoid fever victim needs to be treated and cured for his own sake, because he is a sick human being; and—please note this point—he also needs to be cured so that he will not infect others, and not remain a menace to society.

Merely jailing a sex offender does practically nothing for either the offender or society. It does nothing to alter whatever it is that makes him behave the way he does—to correct the emotional illness which is wrecking his existence and menacing society. And we have no assurance, when he has served his sentence, that he will not repeat his performance.

What, then, shall we do with, or about, him? The best practical answer to this question that I know is exemplified in the state of California. How thoroughly and efficiently California follows through on its plan, I do not know. But it has in it the makings of the ideal solution—treatment of the offender, and long range protection of the citizens of the state. California has a law which enables a judge to sentence a convicted sex offender to an indeterminate period of incarceration. In other words, the sentence specifies no definite length of time which the convicted man must serve. He goes free—and this is the point which bespeaks intelligent understanding and handling of the situation—he goes free only when a commission composed of a psychiatrist, a psychologist, a legal authority, and some others qualified to pass opinion on such matters, have established to their satisfaction that he no longer has his sexual problem and can safely be turned loose in society. This means that society is properly protected; and it also means that if the California jails are not to be cluttered up with lifetime tenants, something must be done to help the offender get over his emotional difficulties.

This is a plan worthy of your consideration, and worth copying in Ohio as well as throughout the nation. If a real effort is to be made to cope with the problem, then attempts should be made to achieve similar legislation here—and also to make available the funds and facilities with which to make such legislation meaningful. I urge you to give this possibility serious thought.

So much for attempting to deal with the existing problem—the two-sided problem of protecting society and treating the sick man. I have tried to indicate that I believe this approach is quite important, and necessary. But even if we were to accomplish this plan in its entirety, we still would not have completely removed the possibility of sex offenses. We would be coming close to eliminating sex offenders as they appeared in our midst; but if we did only this, we would have done nothing to stop the development of this symptom, this anti-social behavior, in other individuals as they grew up.

What I am getting at now, of course, is prevention—the removal of the possibility that such symptoms may develop—the immunizing of the individual, as it were, against the sort of emotional illness which might eventuate in such behavior. This brings us back to the earlier part of this talk—to the need to help our youngsters develop in a healthy fashion emotionally as well as physically.

The child brings with him into the world a reservoir of emotional energy which will find expression in one way or another. Some of it is in the form of sexual energy; and this, together with all of his dynamic emotional force, will constantly have need for an outlet. If it is merely repressed, or is associated in his mind with anxiety or fear, it may manifest itself in disguised form as nervous symptoms or emotional maladjustments of various sorts. If it is not properly guided, it may result in abnormal sexual behavior of an excessive, or perverted, or overly-aggressive type. But adequately managed, without the neurotic distortions of our culture, and without the misinformed and anxiety-ridden attitudes of many parents and many others who work with children, the sexual drive can be properly integrated as an acceptable part of the total personality of the healthy child. The child is not born with excessive or abnormal sex drives and needs—it is the adult who makes of a normal and biologically necessary part of the child something excessively important, or fearful, or tempting.

In our culture it is imperative that sexual activity be held in abeyance until a certain emotional and intellectual development has occurred, and until the individual has acquired an awareness of his relationship to society, and of the realistic advantages of conforming to certain social standards and dicta. This being the case, what is to become of the youngster's sexual energy? Its need for direct expression is likely to be minimal if it has not been overly stimulated by unwise parental attitudes; and in the well-adjusted child, this energy is likely to be channeled off in other directions—*sublimated* is the term we use. Such energy can be used up, or expended, in physical activity, hobbies, intellectual pursuits, and so on. If the youngster—and this applies also to the adult—has learned to be an active part of the life about him, has not had his curiosity and his capacity for being interested excessively thwarted, has been allowed to feel that it was not wrong to act out some of his impulses within reasonable limits, then he is likely to have available a variety of methods for sublimating his primitive sexual drives.

The problem, then, continues to revolve about the early conditioning of the child. If this is to be accomplished efficiently, so that the child will have his best chance to grow into socially acceptable adulthood, then those of us who have most to do with his conditioning need to examine ourselves—to determine whether the examples and influences we provide for him are likely to produce a happy, and productive, and socially acceptable adult.

This business of examining ourselves presupposes an ability to recognize what is wrong and what is right with us. Many of us lack the insight and the information required for such a job. And, in addi-

tion, it may be a distasteful chore, as well as one which might mobilize some of our own anxieties. But the job must be done—the insight gained, somehow—and the information acquired. If we side-step the job, then we may expect our children to grow up into adults with the same blind spots that we have, and, like us, wondering how to manage, or curb, or straighten out their children. And some of them, you may be sure, will have sexual problems of one sort or another.

I would like to comment briefly regarding one other point. It is undeniable that sex offenses occur, and that we need to institute more intelligent and effective action against them than we have demonstrated until now. One thing that is not generally realized, however, is that an appreciable number of the offenses we hear about—or even read about in the newspapers—never occurred. Numerous charges of sexual offense prove to be completely untrue, or greatly exaggerated. In adults this sort of thing may be due to a neurotic fear of such an offense on the part of a woman, so that she may misinterpret a man's completely innocent behavior. And these false charges are most likely to occur in a community where some sex offense recently has occurred, or where there is much anxiety-provoking talk of such things—with the result that everyone is on edge, and fearful, and finding possibilities of sexual assault in every strange man who appears on the street after dark.

We in psychiatry see such unjust accusations occurring most frequently among children. Youngsters, as you know, go through phases in their development when their imaginations are remarkably active and vivid—and they are apt to turn up with some exceedingly tall stories, some of which they more or less believe at the time. They may report in all seriousness that they just barely escaped the onslaught of a lion, or that they performed some heroic deed, or even some long and complicated fabrication. And occasionally their phantasies, or their falsehoods, have to do with sexual matters.

This matter of false charges is worth calling to your attention for two reasons. In the first place, the sex offenses provide a real problem, and one which needs real effort for solution. We will not improve our chances of solving it by becoming hysterical over it, or by failing to view it objectively in its proper perspective as to frequency, seriousness, and so on. In the second place, our concern over sexual attack against ourselves or against those close to us can be less intense if we realize that it occurs less frequently than is commonly supposed.

In conclusion, then, I might repeat that the fight against sex offenses needs to be waged in two directions; we need to treat the sex offender so as to help him get well, and so as to protect society against a repetition of his offenses; and we need, above all else, to tackle the problem of prevention,—by knowing more than we do about ourselves, and about our children.

INTOXICATION—A FACTOR IN VENEREAL DISEASE INFECTION

JOSEPH HIRSCH

Associate Director, The Research Council on Problems of Alcohol; formerly, VD Control Officer, Eastern Flying Training Command, U. S. Army Air Forces and Chief of Preventive Medicine, 12th Air Force, Italy.

Despite the avowed interest of syphilographers in the interrelationships of intoxication and venereal infection, there have been few studies and only desultory reports on this important socio-medical subject. The reports coming to the attention of this writer have been, in the main, impressions of civilian and military venereal disease control officers suggesting the existence of a strong positive correlation.

The single, large-scale statistical study available¹ sheds only partial light on this subject. In a review of some 11,000 patients on the alcoholic wards at Bellevue Hospital (New York City), the authors found approximately 1,000 of them to be infected with syphilis, on the basis of positive Wassermanns and clinical histories. The percentage of infection was: 3.3, white males; 30, Negro males; 8.5 white females; 55, Negro females.

While the conclusions from these data indicate that: (1) there is a high incidence of syphilitic infection among alcoholic patients and (2) the incidence among females, white and Negro, is much higher than white males, they neither define alcoholism nor explain the precise relationship of drinking as a causative factor in the process of infection. The explanation of the sex differential in venereal infection, that women under the influence of alcohol expose themselves to sexual aggressions, can be countered with Shakespeare's observation: "Lechery, sir, it provokes and unprovokes; it provokes the desire, but it takes away the performance; therefore, much drink may be said to be an equivocator with lechery." As a factor in venereal infection, however, intoxication cannot be overlooked.

As an Army venereal disease control officer for almost four years, in the United States and overseas, the writer interviewed over 800 venereally-infected military patients in the course of collecting contact and other epidemiologic data. In addition to the standardized Army contact form, an auxiliary data form was developed² which revealed useful sociologic, educational and other information.

Of the 806 patients³ interviewed (in continental U. S. and overseas stations), 632 or 78.4 percent "confessed to" episode intoxication at the time of exposure. Five hundred and eighty-three of the total

¹ Orenstein, L. L., and Goldfarb, W., *A Note on the Incidence of Syphilis in Alcoholics*. Quart. Jour. Stud. Alcohol, V. 1, No. 3, December 1940.

² Similar to that developed by Captain Paul L. Getzoff and reported in: *Factors Affecting the Response of Venereal Disease Education*. Journ. Soc. Hyg. Vol. 32, No. 1, Jan. 1946.

³ Almost exclusively Air Force personnel.

number of patients, or 72.3 percent, admitted that they were "on a drinking party" and that their sexual partners were intoxicated at the time of exposure. When contacts were apprehended and interviewed (especially in communities contiguous to Army stations in the United States,⁴) with few exceptions intoxication was confirmed to be incidental to the sexual episode.

Other sociologic data on these patients, such as age, education, marital status, religious training and so forth, were evaluated to determine their relevancy both in terms of the episode intoxication and sexual exposure. Few of these factors appear to be sociologically significant.

Of the 632 patients reporting intoxication at the time of exposure, 37 percent were between 19 and 25 years of age; 41.5 percent between 26 and 32, and 21.5 percent over 33 years of age. Approximately 10 percent (mainly ground crew, administrative and other personnel) had a part or full grammar school education; 72.6 percent were high school graduates and 17.4 percent had two or more years of college training. Thirty-six percent were unmarried; almost 45 percent were married and the remaining 19 percent were either divorced, separated or widowed. Sixty-seven percent reported an active religious affiliation; the remaining 33 percent were either inactive in their affiliations or subscribed to no religion.

While cultural differences in sexual behavior are appreciated, the war years saw such generally heightened promiscuity as to obliterate regional and, in fact, national differences. It is negligible, in the opinion of the author, therefore, that most (83 percent) of the 806 cases considered in this report were infected in the southeastern part of the United States and in Italy.

Despite Shakespeare's earthy commentary and the venereal disease officers' incisive exhortation "that drinking and sex don't mix", it appears from the foregoing that the young and not-so-young, the less-educated and the more-educated, the married and the unmarried, the religious and the unreligious alike—sometimes in almost equal degrees—exposed themselves to the Hydra danger. Yet these data do not permit the bland generalization, more Euclidian than sociological, that bar-to-brothel is invariably the shortest distance between the two points. Other limitations of these data are apparent. Prior to the amendment of Army Regulations, when the acquisition of a venereal infection was a punishable offense, the admission of intoxication incidental to sexual exposure was occasionally taken into account as a mitigating circumstance. After the regulations were amended, the admission of intoxication must be considered in part at least as a rationalization in some cases, and as a frank deception in others.

Yet one principle pertains. Physiologically, alcohol depresses the higher nervous centers, releasing inhibitions and exposing many individuals to sexual and other aggressions. However valued these data may be, intoxication cannot be overlooked as an important factor in such a large number of cases.

⁴ See Hirsh, J., *Boomtown Wins a Battle*, Publ. No. A-513 Americ. Soc. Hyg. Assn. 1943.

NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension,
American Social Hygiene Association*

Sheriffs' Association Endorses ASHA Program.—At its annual convention last April in New Orleans, Louisiana, The National Sheriffs' Association adopted the following resolution, as received from NSA Executive Secretary Charles J. Hahn:

A RESOLUTION ON SOCIAL PROTECTION

Whereas, The American Social Hygiene Association has been active for many years in the suppression of prostitution and is vitally interested in Social Protection; and

Whereas, the suppression of Prostitution is a vital police problem and should be again called to the attention of the members of this Association; and

Whereas, the Federal Government most unfortunately, in the opinion of the National Sheriffs' Association, by action of the Congress of the United States, eliminated the Social Protection Division of the Federal Security Agency; and

Whereas, the American Social Hygiene Association is the only remaining national organization, of a non-governmental status, qualified to carry on a program for the suppression of prostitution and a comprehensive program of Social Protection; now

Be It Resolved, that the National Sheriffs' Association in Convention assembled this 30th day of April, 1947, favors the adoption by national, state and local governments of a broad and comprehensive policy of social protection, including the suppression of commercialized prostitution and promiscuity; and

Be It Further Resolved that the National Sheriffs' Association endorse the program of the American Social Hygiene Association and pledge its support to the said Association; and

Be It Further Resolved that copy of this resolution be spread in the minutes of this meeting and a copy be forwarded to the American Social Hygiene Association.

Adopted April 30, 1947
New Orleans, Louisiana

(Signed) **Martin L. Pratt**, *Chairman*
Sheriff of Multnomah County, Oregon

(Signed) **Robert E. Moore**, *Member*
Deputy Sheriff of Wayne County, Michigan

Attest:

Charles J. Hahn
Executive Secretary

(Signed) **Ralph E. Elsen**, *Member*
Sheriff of Mahoning County, Ohio

(Signed) **A. B. "Bud" Foster**, *Member*
Sheriff of Fulton County, Georgia

(Corporation Seal Affixed)

(Signed) **Lou Ablehew**, *Member*
High Sheriff of Honolulu, T. H.

Officers of the NSA for the coming year are: President, Sheriff Newman H. DeBretton, Baton Rouge, Louisiana; vice-presidents, Sheriff Allan G. Falby, El Paso, Texas, Sheriff Martin T. Pratt, Portland, Oregon, Deputy Sheriff R. E. Moore, Detroit, Michigan, Sheriff Louis Knop, Jr., New Orleans, Louisiana; treasurer, Former Sheriff Gus Caple, Little Rock, Arkansas; general counsel, John M. Goldsmith, Radford, Virginia; executive secretary, Charles J. Hahn. Headquarters continue to be at 626 Transportation Building, Washington 6, D. C.

Oscar R. Ewing Succeeds Watson Miller as FSA Administrator.—With Chief Justice Fred M. Vinson administering the oath of office, Oscar Ross Ewing was sworn in as Federal Security Administrator on August 27, 1947. Watson B. Miller, whom Mr. Ewing succeeded, presided at the ceremony and welcomed Mr. Ewing on behalf of the staff of the Agency. Mr. Ewing was appointed by President Truman to head up the Government health, education, and security programs for which FSA is responsible.

At the same time, the President named Mr. Miller as Commissioner of Immigration and Naturalization in the Department of Justice, where he will place special emphasis on the displaced-persons problem. The following excerpts from a letter, written by President Truman to Mr. Miller, express with sincerity the deep feeling of appreciation of his work held by all who had the privilege of working with the former FSA Administrator during his years in office:

“ . . . Many of the problems with which the Security Agency has dealt in behalf of victims of war are similar to those of displaced persons. It is this broad experience in directing civilian war benefits and assistance and related activities which gives you unusual qualifications for dealing with the critical issues now confronting our Immigration and Naturalization Service.

“So in expressing hearty appreciation of your superb services in the field which you are about to leave, I desire also to assure you of my full confidence in your ability to meet and discharge all of the obligations and responsibilities which will be yours as Commissioner of Immigration and Naturalization.”

The new FSA Administrator, Oscar Ross Ewing, was born on March 8, 1889, in Greensburg, Indiana; received his A.B. from Indiana University in 1910 and his LL.B. from Harvard in 1913. While at Harvard he served as editor of the *Harvard Law Review*. He was an instructor in the University of Iowa Law School, 1913-14; a member of the law firm of Weyl, Jewett and Ewing, St. Louis, 1916; Assistant Counsel, Vandalia Railroad Company, St. Louis, 1916; Assistant to the General Counsel, Pennsylvania Lines West of Pittsburgh, 1917. In 1917 he entered the Army and became a Captain in the Air Service, where he executed all contracts for the Army's then infant air force.

Following his discharge from the Army in 1919, Mr. Ewing was associated with Charles Evans Hughes, then practicing law in New York City, and was a member of the law firm of Hughes, Schurman and Dwight until its dissolution in June, 1937. He then became a law partner of the late Chief Justice's son, former U. S. Solicitor General Charles Evans Hughes, Jr. In 1931, he participated in the Conference to Limit the Manufacture of Narcotics, held in Geneva, Switzerland, as a means of suppressing global illegal traffic in drugs.

Mr. Ewing was Assistant Chairman of the Democratic National Committee from August 1940 to May 1942, at which time he was appointed Vice Chairman of the Democratic National Committee and held that office until March 1947, when he was again appointed Special Assistant to the Attorney General—this time to prosecute the separate trials for treason of Douglas Chandler and Robert Best in Boston.

He is a member of the American and New York State Bar Associations, New York City Association of the Bar, Beta Theta Pi, the University, Downtown and other clubs.

American Public Health Association Sponsors "Local Health Units" Conference.—Provision of adequate public health services for every citizen of the United States was the subject under discussion when representatives of 65 national citizens organizations met on the campus of Princeton University, September 8–10, in a Conference on Local Health Units, sponsored by the American Public Health Association.

Approximately 41,000,000 Americans now live in communities without a full-time local health department, either have no health services at all or a mere skeleton under a part-time health officer, often not even a physician, according to Dr. Haven Emerson, chairman of the APHA Subcommittee on Local Health Units. He pointed out that basic public health services are an obligation of local government and are most efficient and least costly when supplied by a professional staff responsible to local taxpayers and voters.

Pointing out that small villages, towns and counties cannot tax-support and maintain health departments with the minimum services to which the people are entitled, he urged the delegates to work within their communities for consolidation of small population groups into units capable of supporting such services.

The plan sponsored by the APHA calls for: (1) Passage of state laws authorizing creation of county-wide, city-county or multi-county units of health jurisdiction covering not less than 50,000 persons; (2) Employment of professionally qualified full-time health officers at appropriate salaries; (3) Requirement by law that health departments carry on certain essential standard activities; (4) Tax support of at least \$1 per capita, not less than one-half from local sources, and (5) Creation of Community Health Council in each jurisdiction. Without such a basic structure, it was declared, private efforts and funds, such as those of voluntary health organizations, are largely wasted.

Dr. Florence R. Sabin, Denver, Colorado, told the delegates that two conditions were necessary before reorganization of health services for the people's benefit could be achieved: First, the people must know the facts of health and sanitation conditions in their communities, and second, they must be given demonstrations of just what preventive medicine can contribute to their lives.

George J. Nelbach, New York State Committee on Tuberculosis and Public Health of the State Charities Aid Association, and James Stone, National Tuberculosis Association, emphasized the part voluntary organizations can also play in developing wider public knowledge and demand for modern health services. Mr. Nelbach called for a vigorous campaign of public information, education and agitation by such agencies.

Other speakers included Dr. Joseph McLean of Princeton University, Dr. Henry F. Vaughan of the Michigan School of Public Health, Dr. Fred Mayes of Kansas, Dr. T. Paul Haney of Mississippi, Dr. Mack I. Shanholtz of Oklahoma, Dr. Wilson G. Smillie of the Cornell Medical School, and Mrs. O. L. Webb of the Nebraska Statewide Health Committee.

The Conference, which was made possible through a grant of funds from the W. K. Kellogg Foundation of Battle Creek, Michigan, was set up as a workshop with small groups discussing each paper with the speaker. The American Social Hygiene Association was a participating agency of the Conference and was represented at Princeton by Dr. Walter Clarke, Executive Director.

American Neisserian Medical Society Becomes American Venereal Disease Association.—The name of the American Neisserian Medical Society was changed formally to the American Venereal Disease Association, at a business meeting on June 8, 1947, at Atlantic City. The activities of the American Venereal Disease Association now will include all of the venereal diseases. Members of the Society voted 213 to 9 to enlarge its scope to include the medical and public health aspects of all the venereal diseases.

The newly elected officers of the American Venereal Disease Association are:

President, Dr. Roger W. Barnes, Los Angeles, California; *Vice-President*, Dr. J. R. Heller, Jr., Washington, D. C.; *Secretary*, Dr. William L. Fleming, Boston, Massachusetts; and *Treasurer*, Dr. Ivan Martin, Los Angeles, California. The members of the Executive Committee are Dr. Stafford L. Warren, Los Angeles, California; Dr. Alfred Cohn, New York City; and Dr. Thomas B. Turner, Baltimore, Maryland.

The new officers succeed officers of the American Neisserian Medical Society who were:

Honorary President, Dr. Edward L. Keyes; and *Honorary President*, the late Dr. Percy S. Pelouze. Executive Committee: *President*, Dr. Roger Deakin; *Vice President*, Dr. Roger W. Barnes; *Secretary*, Dr. William L. Fleming; and *Treasurer*, Dr. S. L. Warren.

It is planned to revise the constitution and by-laws of the American Venereal Diseases Association before the next meeting, which is tentatively set for June 1948 in Chicago.

National Health Council Appoints Community Organization Staff Member.—Bailey B. Burritt, Executive Director, National Health Council, has announced the appointment of S. S. Lifson, formerly Health Education Consultant with the U. S. Public Health Service, as Assistant Director—Community Organization, of the National Council.

The Council is now expanding its program of service to local and state health councils, and Mr. Lifson will assist in the development of its future plans. Working in close cooperation with Mr. Burritt and Dr. John W. Ferree, Associate Director, Mr. Lifson will be engaged in helping existing local, county and state health councils broaden the scope of their usefulness, and in stimulating the formation of councils where their establishment would advance the effectiveness of community and state health agencies. He will be particularly concerned with assisting communities in the study of their health needs and in the organization of community health education programs to meet these needs.

A native of Waterbury, Connecticut, Mr. Lifson was graduated from New York University in 1935, and from Columbia University in 1940. He entered public health work in 1938, and in 1943 obtained a Certificate in Public Health from the Massachusetts Institute of Technology. He was Health Education Consultant and Research Assistant at the Astoria School Health Study from 1938-1940 and served in the same capacity at The District Health Education Demonstration, New York City, from 1940 to 1942. He comes to the National

Health Council from the United States Public Health Service, where he had served, since 1943, as Health Education Consultant.

While assigned to the Washington, D. C., headquarters of the Public Health Service, Mr. Lifson was engaged in an educational program for malaria control in the Southern States. Since 1944, he has been working in the ten states of District No. 1 which includes the six New England States and New York, New Jersey, Pennsylvania, and Delaware. He also served at M.I.T. as a Teaching Fellow in Public Health, and at Yale University, Department of Public Health, as Clinical Instructor and Lecturer in Public Health.

Colonel Blanchfield Retires from Active Service.—Colonel Florence A. Blanchfield, Chief of the Regular Army Nurse Corps, the first American woman to receive a full commission in the Regular Army began her final leave on August 15 and upon its completion retired from active Army service. As the first officer commissioned in the Regular Army Nurse Corps, Colonel Blanchfield has the same serial number as General Pershing, serial number 0-1 and received her commission in a personal presentation made by General of the Army Dwight D. Eisenhower, Chief of Staff, in Pentagon Building ceremonies. (See October, 1947, JOURNAL.)

Colonel Blanchfield entered the Army Nurse Corps in July 1917, and served overseas during World War I with Base Hospital No. 27. Later detailed to a series of nursing duties in medical installations in the United States, she also had assignments in the Philippine Islands and in China. In World War II Colonel Blanchfield spent much of her time in the field, making an extended tour of the European and Mediterranean Theaters of Operation, the Antilles Department, and the Pacific Theater of Operation. She was awarded the Distinguished Service Medal in June 1945 for her devotion to duty as Superintendent of the Army Nurse Corps. She is a native of Shepherdstown, West Virginia.

Army Venereal Disease Rate Hits New Low.—The Army's venereal disease rate at home and abroad has reached a post-war low, the War Department announced recently. Stringent regulations outlined last January by former Secretary of War Robert P. Patterson were considered by the Army to have brought about the sharp drop in venereal disease. Since Mr. Patterson's instructions to all commanders were written, the Army-wide venereal disease rate has fallen 23 per cent. The latest figures available, for May 1947, show a 30 per cent decrease from the postwar high in the summer of 1946.

In his letter, Mr. Patterson ordered cooperation with civilian authorities in reducing "the reservoir of infection in the adjacent community." This cooperation, he said, must be accompanied by control over sale of liquor to troops and by tightening of discipline within the various commands. He also outlined programs for chaplains, special service officers and provost marshals to follow in curbing venereal disease. Surgeons were ordered to emphasize the moral factors and the role of continence and individual responsibility in their programs of sex hygiene and to recommend further control measures where necessary.

Individuals who became infected were to be restricted to their posts for periods up to 90 days when necessary as a public health procedure, Mr. Patterson added, and commanders were authorized to restrict off-post passes in the case of "irresponsible individuals who repeatedly expose themselves to the risk of venereal disease." Passes, Mr. Patterson emphasized, are a privilege to be awarded for good conduct.

The present venereal disease incidence rate in Europe is 23 per cent below the July 1946 high; in the Pacific 50 per cent below the high rate in October 1946 and in the United States 47 per cent below the April 1946 peak.

Exercising overall supervision over Army venereal disease control in connection with Mr. Patterson's instructions is the War Department Venereal Disease Control Council, made up of ranking members of the War Department General and Special staffs. The council meets periodically to survey venereal disease conditions and to develop further measures for control.

Dr. Spoto Assigned to Washington.—Dr. Joseph S. Spoto, for some years past assigned by the United States Public Health Service as Traveling Representative for the Pan American Sanitary Bureau, has been appointed as Assistant Director of the Venereal Disease Division with headquarters in Washington.

Dr. Eugene A. Gillis, Assistant Venereal Disease Chief for the past year, has been assigned to the Division of Commissioned Officers.

Dr. Spoto, whose recent headquarters have been in Guatemala City, began his new assignment on September 1st.

The Venereal Disease Division, USPHS, is now located in the Railroad Retirement Building, 4th Street and Independence Avenue, S.W., Washington, D. C., having been moved in from the Bethesda Station in July.

Navy Secretary Forrestal Becomes First Secretary of Defense.—On Wednesday, September 17, James Forrestal, Secretary of the Navy since 1944 and previously Under-Secretary for Secretary Knox, was sworn in by Chief Justice Fred M. Vinson as the first secretary of the new U. S. Department of Defense, formed by the merger of War and Navy Departments in accordance with the National Security Act adopted by the 80th Congress. The Act became effective as of midnight September 18.

Top ranking officers also appointed to the new military establishment include Kenneth C. Royall, Secretary of War, as Secretary of the Army, John L. Sullivan, Navy Under-Secretary, as Secretary of the Navy, and W. Stuart Symington, Assistant Secretary of War for Air, as Secretary of the newly independent Air Force.

The Defense Department will be housed in the Pentagon building.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension,
American Social Hygiene Association*

California: San Diego Society Has New Secretary.—Mrs. Madge H. Longley, formerly of the Montgomery County Health Fund, has accepted an assignment to the San Diego, California, Health Council—a position that also carries with it the Executive Secretaryship of the San Diego Social Hygiene Association.

Connecticut Committee on Social Hygiene Reports.—When the Connecticut Tuberculosis Association's Committee on Social Hygiene Information decided to engage actively in a social hygiene program, it was recommended that representatives of other agencies be asked to join. Such groups as the Connecticut Pharmaceutical Association, Department of State Police, Connecticut Council of Churches, State Juvenile Court, Connecticut Federation of Labor, Connecticut State Federation of Women's Clubs and Connecticut Parent-Teacher Association have accepted membership on the Committee.

During the past year two statewide social hygiene conferences were held. The first, held in May 1946, was directed mainly toward school personnel, teachers, nurses and other professional groups to stimulate interest and provide for training and discussion of problems in this field. Dr. Mabel Grier Leshner, Educational Consultant, American Social Hygiene Association, was the key speaker. School and community contributions to social hygiene were the main topics of discussion. In March 1947, the second conference was held with Mr. Roy E. Dickerson, Executive Secretary, Cincinnati Social Hygiene Society, and author of the *Home Study Course on Social Hygiene Guidance*, as the key speaker. The Conference, directed mainly toward parents, had as its keynote the parents' part in sex education and the community resources available to parents.

Both conferences were sponsored in cooperation with the State Department of Health and the second in cooperation also with the Parent-Teacher Association of Connecticut.

Sponsorship of the Home Study Course for various groups has been one of the main activities. The course consists of six lessons covering early childhood and adolescence and the groups taking the course meet for a series of discussions, usually three, at which time a trained professional worker discusses the material.

And organization of local social hygiene committees has been an important aspect of the state-wide program. The Bridgeport Social Hygiene Committee, covering Bridgeport, Fairfield and Stratford has been in existence for over a year. The Committee is sponsored by the Bridgeport Health Department, Visiting Nurse Association, Council of Social Agencies and Connecticut Tuber-

culosis Association, and the members consist of representatives of civic, law enforcement, parent-teacher, labor, management and other organizations. In February, 1947, National Social Hygiene Day was observed as the first annual meeting.

The most important phase of the Bridgeport program has been sponsorship of the *Home Study Course* which has been conducted twice in Fairfield under the sponsorship of the Parent-Teacher Association. Over 800 parents attended the lecture series. Plans have been made to conduct the Course for the Stratford and Bridgeport Parent-Teacher Association Councils, and it has also been given at two of the housing projects in Bridgeport and for several other organized club groups. The nursing organizations of Bridgeport, Fairfield and Stratford held a joint staff meeting to discuss the use of the Course. Dr. George Pratt, then Director of the Bridgeport Mental Hygiene Society, led the discussion.

Over 16,000 pamphlets have been distributed and many displays set up through the participation of the Bridgeport Druggists Association. Monthly radio programs have been conducted over both radio stations with members of the Committee participating. Sub-committees on youth, industry, and a Fairfield Social Hygiene Committee have been formed and programs are being developed for these groups.

In Meriden a Social Hygiene Committee was formed under the Council of Social Agencies, and the Connecticut Tuberculosis Association has assisted in the development of their program. The Committee decided to conduct a broad health education program in the community rather than emphasize social hygiene only. Local industries were contacted and exhibits on various health topics and pamphlets are sent to them monthly. The drug stores have assisted the program by distributing literature and putting up displays. Plans are now under way to expand the scope of the program.

In addition to the courses conducted in the Bridgeport area, the West Haven Parent-Teacher Council sponsored the course with Mr. William Benedict, Venereal Disease Division, State Health Department, as leader. The group met six times and over 300 parents attended.

New Jersey: Dr. Leshar Opens Rutgers University Family Life Courses.—Extension courses for teachers on *Methods and Materials in Education for Family Life* (Social Hygiene Education) are being conducted for the First Semester 1947-48 by Rutgers University at Clifton, Hackensack, Red Bank and Toms River, New Jersey, by Dr. Mabel Grier Leshar, American Social Hygiene Association Educational Consultant. The first session was held at Hackensack on September 29. Announcing the courses, the University School of Education says:

This type of course is designed to meet the demand for administrators, teachers, school and public health nurses trained in a constructive, preventive, sex-character education program. It aims (1) to provide an appreciative, intelligent understanding of the part sex plays in the life of every normal individual; (2) to present guiding principles and essential qualifications of those doing guidance in this field; also, to present problems and graded projects and methods of sex education in the pre-school and early-school periods; and (3) to give an understanding and practical handling of the common physical, emotional, and social problems of youth behavior due to the developing creative factor of the adolescent, including teaching programs and illustrated talks on the high school level. A special reference library has been made available.

The principles and methods of this course are those endorsed by the *White House Conference on Child Health and Protection*, the National Educational Association, and the American Social Hygiene Association.

The course is listed as 30: H118, with 3 semester hours credit. Tuition is \$30.00. For further particulars address the University, or write to Dr. Leshner at 331 Penn Street, Camden, N. J.

New York: General Walson Succeeded by General Denit.—As of August 31, Brigadier General Charles M. Walson, Surgeon of the First Army, retired from active service after eight years on the Commanding General's staff at Governor's Island, New York. He is succeeded by Brigadier General Guy B. Denit, MC, of Salem, Virginia, who has held a commission in the Medical Corps of the Army since 1918, serving with the AEF in France in World War I, doing postwar duty in Germany, and during World War II serving with the VIIIth Corps in Texas, as Chief Surgeon in the North Africa Theater of Operations, and as Special Advisor to the Commanding General, Medical Field Service School, Carlisle Barracks, Pennsylvania.

General Denit is a graduate of Virginia Polytechnic Institute and of the Medical College of Virginia.

General Walson, whose first assignment with the Army was at Fort Douglas, Utah, in 1912, the year he was graduated from the Army Medical School, reports that it is his plan to live in New York City.

New York: Miss Florence M. Kelley Appointed by Legal Aid Society.—Appointment of Miss Florence M. Kelley as attorney-in-charge of the criminal courts branch of the Legal Aid Society has been announced. The first woman to hold the post, Miss Kelley assumed her new duties on September 15.

A graduate of Smith College and Yale Law School, Miss Kelley served from 1938 to 1942 as an assistant district attorney in New York County and is now a member of the law firm of Simpson, Thacher & Bartlett. She is president of the Women's City Club.

New York State Committee on Tuberculosis and Public Health Reviews VD Control Progress; the 1947 Program.—A meeting of the Special Committee on Social Hygiene Program of the State Charities Aid Association State Committee on Tuberculosis and Public Health called in New York City, to determine emphasis and activities needed for the future of the program, reviewed past progress and 1947 activities as follows:

In 1932 at the request of Dr. Thomas Parran, Jr., then State Commissioner of Health, the S.C.A.A. State Committee embarked upon a syphilis control program in cooperation with the State Health Department, the American Social Hygiene Association and various

Federal agencies. During the fifteen years since its inception, the program has been expanded to include prevention and control of gonorrhoea and repression of commercialized prostitution.

From the beginning primary objectives of the State Committee have been to stimulate, advise and assist its 62 county and city tuberculosis and health associations in organizing and operating effective social hygiene programs, including promotion of (1) public education, (2) medical measures for diagnosis and treatment of venereal diseases, (3) law enforcement for repression of commercialized prostitution, and (4) education of youth in wholesome human relations.

A new departure in the Committee's 1945-46 cooperative program was the employment of a specialized adviser in social hygiene, in addition to the services of four general field advisers, and occasional field services of four workers at headquarters. The Field Adviser in Social Hygiene has been assigned especially to more populated areas to stimulate citizen action against a let-down in law enforcement for repression of commercialized prostitution. Through constantly augmented recruiting and training of qualified personnel, participation of local associations in venereal disease control is being enhanced, as follows:

Field demonstrators, trainees and junior staff members are given intensive training and field experience, including indoctrination in social hygiene work.

In the three-weeks orientation course conducted at Cornell University this past summer for new workers, two full days were devoted to venereal disease control with Col. William A. Brumfield, Jr., of the State Health Department as consultant.

A four days' Mid-Winter Conference between executive secretaries of local associations and the State Committee staff is used to review venereal disease control procedures and progress.

The State Committee's annual conference and business meeting and Regional Seal Sale Conference in the fall also provide additional opportunities to commit local associations to more active participation in VD control.

A topical outline of the 1946-1947 cooperative program of work for the control of venereal diseases and promotion of social hygiene, as adopted at the State Committee's annual business meeting, follows:

1. Continue state-wide campaign of public information and education about nature, cause, diagnosis, treatment and socio-economic effects of venereal diseases, emphasizing the need for maintaining controls and public interest established in wartime.

2. Hold and extend gains made in repression of prostitution, one of the principal sources of venereal infection. Make special efforts to keep brothels closed in cities generally and particularly where the prostitution racket was well entrenched before the war and is likely to attempt a comeback. Strive to repress unwholesome conditions in taverns, bars, roadhouses, dance halls and other resorts.

3. Help organize and promote community efforts for protection of youth and prevention of juvenile delinquency, especially promiscuity. Encourage and stimulate local associations in particular counties and cities to promote provision of more and better services and facilities

by police departments, schools, churches, recreation and character-building agencies for detecting, dealing wisely with and preventing conditions and circumstances that would aid and abet sex delinquency among juveniles. Continue practice of working for employment of policewomen; urging more cities to take on such agents, and those that now have them to take on more, if needed.

4. Continue to provide leadership and guidance to 62 local branches in formation and execution of their programs of venereal disease control, and for strengthening, where indicated, organization and staff set-up.

5. Resourceful promotion of expanded state health program in relation to securing additional county health departments and further development of activities and services of city health departments in the thirteen cities having more than 50,000 population. Recognizing that VD control work would be greatly enhanced by expansion of city and county health services under the expanding state health program under full-time Commissioners of Health and augmented staffs, especially public health nurses, all-out cooperation will be given the State Health Department in such promotion.

6. Assist in securing enactment at Albany and at Washington of such legislation as may be deemed necessary, and to oppose Bills that may be considered unsound and harmful.

7. Watch for opportunities to promote soundly conceived plans and methods of teaching the subject of Human Relations to parent groups, as they relate to sex-character education and reducing the incidence of venereal disease and other communicable diseases.

Those present at the meeting were Dr. Edward S. Godfrey, Jr., State Health Commissioner; Dr. William A. Brumfield, Director Division of Syphilis Control, State Health Department; Dr. Edwin G. Ramsdell, President Westchester Tuberculosis and Public Health Association, and Chairman of the County Board of Health; Dr. Walter Clarke, Executive Director ASHA; Mr. Joseph P. MacSweeney, President, Tuberculosis and Health Association of Rochester and Monroe County; and from the committee staff: George J. Nelbach, Executive Secretary; Robert W. Osborn, Assistant Executive Secretary; and Thomas E. Connolly, Special Field Consultant.

New York: Sigurd J. Arnesen Named Committee Head of Boy Scouts.—Announcement has been made of the naming of Sigurd J. Arnesen as chairman of the activities committee of the Greater New York Councils, Boy Scouts of America. Mr. Arnesen has long been identified with the Boy Scout movement of Brooklyn.

President of the Norwegian News Company, Mr. Arnesen is publisher of *Nordisk Tidende*, owner of the Arnesen Press, a trustee of the Bay Ridge Savings Bank and treasurer of the Larsen Baking Company.

Oregon Social Hygiene Work Progresses.—Copy of a report to the Sponsoring Committee for the Division of Social Hygiene Education, Oregon Tuberculosis and Health Association, from Mr. F. G. Scherer,

Division Director, indicates a busy and useful staff and real progress. Some excerpts:

The impetus of the Social Hygiene Day meetings continues to be felt over the state. We have visited eleven counties in the current quarter, in response to a variety of requests. Four county associations had speakers on social hygiene subjects at their annual meetings. In Malheur County, Dr. L. J. Lull, who was our luncheon speaker on Social Hygiene Day, addressed their annual meeting, as well as two other meetings. One of these was a joint meeting of the service clubs in Ontario. Incidentally, we learned that Dr. Lull is meeting the trains bringing in Mexican laborers, and giving them blood tests as they detrain. We have loaned Dr. Lull our Spanish version of the VD film *With These Weapons*.

The Chairman of our State Sponsoring Committee, Dr. U. G. Dubach, was the speaker at the annual meeting of the Yamhill County Association in McMinnville. His address was both challenging and inspirational. Yamhill County has subsequently initiated its program of social hygiene, with Dr. McCormack as chairman of the committee, and they have already held a successful training institute for workers.

Wasco and Douglas counties invited Mr. Scherer to give the principal address at their annual meetings. They are including the social hygiene program in their activities for the new fiscal year.

Institutes for training committee members and workers have been held in Marion, Yamhill, Umatilla, Benton and Union counties. These are four-hour training conferences which introduce the organization, objectives, and methods to interested persons, especially with a view to launching neighborhood discussion groups on sex education in the home. There were 130 persons attending.

Increased activities in a growing number of counties indicate a need for special attention to the evaluation of the programs in the respective counties, and a continued search for members of the committees who will be qualified to develop social hygiene education.

Staff Services

In addition to the field trips mentioned we have attended the annual meeting of the Oregon-Washington Tuberculosis Associations held in Portland, and the annual meeting of the National Tuberculosis Association held in San Francisco. There we visited the City Health Clinic, and had the privilege of attending a staff meeting, followed by personal interviews with Dr. Richard Koeh, Chief of the Division of Venereal Diseases, and Mr. Arthur Painter, the Health Education Director.

An interesting feature of Oregon field work was participation in a series of conferences with adult workers at the WCTU Children's Farm Home, Corvallis.

Another recognition of service is revealed in the number of calls and the kind of information requested. The services of our Division of Social Hygiene are getting more general publicity, and we welcome the referrals that are being made by some agencies and private physicians for interviews with their clients, and their request for literature. The month of June brought a notable increase in requests for pamphlets on preparing for marriage.

Statistical Summary of Staff Activities for the Quarter

	<i>Attendance</i>
8 Addresses (Public Meetings)	316
9 Committee or Group Meetings.....	153
5 County Training Institutes	130
Office Calls and Interviews	107

Valuable By-Products

Some interesting results of the group discussion method for sex education in the home have been brought to light by reports from among the parents in attendance. One question that is always raised in training institutes is "How can we reach those who need it most?". One group worked out a practical answer. They had been quite critical of a mother in their neighborhood, but they decided to make a friendly overture and invite her to their meetings. They found her as much concerned to give proper training to her children as any of them. They discovered that she had special problems, and as they were discussed in the congenial atmosphere of the group, solutions for their neighborhood problem were developed.

Another instance of a neighborhood project was that which was developed in a housing project. Two mothers undertook the job of calling on eighty homes, and not only succeeded in starting sex education but discovered also that they had been missing the opportunity for being good neighbors.

In still another report, and one which could be duplicated many times, the parents were delighted to find that it was not difficult to learn the proper language to use with children. As they followed the suggestions for creating an easy, friendly atmosphere for their discussions, it was found that very soon "even the most timid were taking part."

Other by-products of this method of approaching social hygiene education are requests for lectures on special subjects, conferences on preparing for marriage, community counselling services, and improved recreation centers.

Cooperative Projects

This Division has cooperated with the Portland Bureau of Health and the Portland Parent-Teacher Association in presenting a series of six public lectures given in the City Library. We also know of at least thirty Parent-Teacher study groups formed, and holding from four to six meetings each, with an average attendance of twenty-five. Mrs. Rena Parks, of the City Health Bureau, reports an additional 5,000 parents reached through lectures, visual education and distribution of literature.

WORLD NEWS AND VIEWS

JEAN B. PINNEY and JOSEPHINE V. TULLER
Director *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES
AND ACTIVITIES

News from the United Nations

Economic and Social Council

President: SIR RAMASWAMI MUDALIAR, India. *First vice-president:* DR. JAN PAPANEK, Czechoslovakia. *Second vice-president:* DR. ALBERTO ARCA PARRO, Peru. *U. S. A. Representative:* WILLARD THORP.

Eighteen nations are represented on the Council, including, besides those named above: Byelorussian Soviet Socialist Republic, Canada, Chile, China, Cuba, France, Lebanon, Netherlands, New Zealand, Norway, Turkey, Union of Soviet Socialist Republics, United Kingdom.

Two departments of the UN Secretariat are assigned to assist the Council and its Commission: The Department of Economic Affairs, headed by A. D. K. Owen, Assistant Secretary General, and the Department of Social Affairs, headed by Professor Henri Laugier, Assistant Secretary General.

5th Session, Interim Headquarters, Lake Success, N. Y., July 19-August 16

UN Takes Over League of Nations Activities Regarding International Traffic in Women and Children.—Another chapter in social hygiene history and action was written when on August 14 a resolution was adopted and transmitted to the General Assembly by Secretary-General Trygve Lie, recommending that the Assembly approve *Transfer to the United Nations of functions and powers exercised by the League of Nations under the International Convention of 30 September, 1921 on Traffic in Women and Children, the Convention of 11 October, 1933 on Traffic in Women of Full Age, and the Convention of 12 September 1923 on the Traffic in Obscene Publications.** The resolution “requests the Secretary-General to inform the Members of the United Nations of this recommendation in order that their representatives at the next session of the General Assembly may be given authority to sign the protocols; and to transmit a copy of this recommendation to the non member States which are parties to the above-mentioned Conventions.

Meanwhile, as previously reported in World News and Views, the UN Division of Social Activities has already set up in various countries “working parties” which are considering practical ways of dealing with this problem. The working party for the USA, with Mr. Bascom Johnson as Chairman, has had several meetings in New York.

* The full text of the resolution appears in Document A-372, 2 September 1947 of the United Nations series, available in many libraries.

Social Welfare Functions.—A year ago the General Assembly assumed the advisory social welfare functions of UNRRA and instructed the Secretary-General to make budgetary provisions. During the recent ECSOC session Mr. Lie reported that governments have generally shown interest in all phases of the program, but chiefly in receiving assistance in training their national to carry on their own social welfare work. Eighty to 100 fellowships are being provided by the UN for this purpose.

Willard Thorp Is Named to ECSOC.—On July 12 President Truman presented to the U. S. Senate the name of Willard L. Thorp, Assistant Secretary of State for Economic Affairs, to serve as USA representative on the United Nations Economic and Social Council. The nomination was unanimously confirmed by the Senate on July 16. Mr. Thorp will retain his State Department position and serve ECSOC without additional compensation.

He is an economist with a broad experience in business, government and international affairs, and has been active in discussions relating to world food and trade situations. He also represented the USA in conferences with the Soviet Union on lend-lease matters.

The USA has been without a representative on the Council since January 10, when John G. Winant resigned.

Social Commission

Chairman: DR. FRANTISEK KRAUS, Czechoslovakia. *Vice-Chairman:* DR. Y. C. YANG, China. *Rapporteur:* DR. GEORGE F. DAVIDSON, Canada. *U. S. A. Representative:* ARTHUR J. ALTMAYER.

Eighteen nations are represented, and members include, besides those already named: DR. JORGE ORTIZ, Columbia; ALICE BRUNN, Denmark; JOSE CORREA, Ecuador; GEORGES PERNOT, France; DR. CHRISTOPHE JOHN CHRISTIDES, Greece; SAYID HASHIM JAWAD, Iraq; DR. J. C. VAN HEUVEN, Netherlands; JAMES THORN, New Zealand; DR. FERNANDO SCHWALB, Peru; PROFESSOR HENRYK ALTMANN, Poland; MAJOR DR. LOUIS M. A. N. VAN SCHALKYK, Union of South Africa; ALEXANDER P. BORISOV, USSR; OSWALD COLEMAN ALLEN, United Kingdom;* KRISTA DJORDJEVIC, Yugoslavia.

2nd Session, Interim Headquarters, Lake Success, N. Y., August 28–September 13

Among the actions taken at this session of the Commission were: adoption of a resolution recommending a preliminary program of child welfare work; agreement to give priority to organization of child and youth welfare services; adoption of a resolution recognizing the permanent need for action to improve social conditions in underdeveloped and economically under-privileged areas and territories. The Commission also set up a temporary committee for coordination of social activities of the United Nations and the specialized agencies. Other resolutions endorsed the policies developed by the International Children's Emergency Fund, and approved an outline for the Demo-

* Succeeding Sir Sidney Harris, whose many friends among JOURNAL readers will regret to learn that he is retiring from public life for reasons of health.

graphic Yearbook. Preliminary approval was given to a Secretariat report on the prevention of crime and treatment of offenders.

All of these and other items were incorporated in the Commission's report to the Economic and Social Council.

World Health Organization—Interim Commission

Chairman: ANDRIJA STAMPAR, Yugoslavia. *Executive Secretary:* G. BROCK CHISHOLM, M.D., Canada. *New York headquarters:* Empire State Building. *Headquarters Director:* FRANK G. CALDERONE, M.D. *United States Representative:* SURGEON GENERAL THOMAS PARRAN, United States Public Health Service.

Eighteen nations are represented including besides those already named: Australia, Brazil, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian Soviet Socialist Republic, United Kingdom, Union of Soviet Socialist Republics and Venezuela.

4th Session, Geneva, Switzerland, August 30 to September 13

In addition to mapping out positive aggressive action against world-wide public health menaces such as tuberculosis, malaria, venereal disease and influenza, the Interim Commission at this session drew up plans for the World Health Assembly, to be held probably "next spring or summer" * and adopted a 1948 budget of \$1,528,324 for general expenses, and \$1,500,000 for field services.

Furthering plans for action against the venereal diseases begun June 1 with the appointment of Dr. Thorstein Guthe as VD Specialist, the Commission announced that an "expert committee" will be set up shortly, in the hope that they may meet before the end of 1947 to plan a world-wide campaign. A budget of \$3,000 was allotted for committee expenses. A report to the Commission stated that while "penicillin offered some countries a future possibility in control of syphilis and gonorrhoea, the drug is not yet available in sufficient quantities to permit world-wide control."

During the session it was announced from UN headquarters at Lake Success that the Commission had selected 66 foreign public health workers to receive fellowships for study outside their homelands during the coming year, including four from Austria, eighteen from China, fifteen from Czechoslovakia, five from Finland, one from Greece, two from northern Korea, three from Poland and eighteen from Yugoslavia. The fellowship plan calls for a total of 200 to be appointed, from all parts of the world.

Conference of International Voluntary Organizations.—Preliminary to the opening of the Second Session of the General Assembly on September 16, Mr. James B. Orrick, Chief of the UN Section on Non-Governmental Organizations, Department of Public Information arranged a helpful conference at Lake Success on September 12 and 13.

* The Assembly is to be called within six months after completion of the 26 national ratifications necessary to create the World Health Organization. It is expected that the meeting will be held in the western hemisphere.

Almost 100 international voluntary organizations joined in the two-day program, which included talks by various UN officials and staff members on the current informational work of the Secretariat and the UN Specialized Agencies, progress reports on developments and recommendations growing out of the first conference of international voluntary organizations, held last February, and discussions of plans for the next Conference, proposed for Geneva, May, 1948.

An appreciated program feature was a thorough "guided tour" of the UN headquarters. A comprehensive display of materials provided by the UN and by various international agencies also served to orient those attending.

Mrs. Josephine V. Tuller, Assistant Director of the Regional Office for the Americas, International Union against the Venereal Diseases, represented this participating agency.

Social Welfare Assembly Committee on UNESCO Meets.—On July 9, the Committee on Cooperation with UNESCO recently appointed by the National Social Welfare Assembly met in New York for its first session. The Committee is made up of one representative from each of the Assembly's forty-odd member agencies,* and was set up to furnish easy liaison in this field of work with the United States National Commission for UNESCO, which functions under the auspices of the State Department.

The July meeting heard Charles A. Thomson, the National Commission's Executive Secretary, report progress to date in setting up UNESCO's program of activities, now slowly getting underway as Director General Julian Huzley and Deputy Director General Walter H. C. Laves build a staff at the Paris headquarters. The two regional conferences held by the U. S. National Commission at Philadelphia and Denver—especially the latter, which was attended by 2,000—have helped to clarify understanding of UNESCO purposes, although the program is still necessarily in such vague, formative stages that there is little direction for action that can be given as yet to the various groups. But the people must participate, if UNESCO is to succeed.

Julian Street, Jr., the National Commission's Information Officer, spoke on ways in which the Assembly member agencies can help, and presented a proposal for a UNESCO week, to take place possibly in 1948.

It is expected that further information will be available following the Second General UNESCO Conference, which begins November 3 in Mexico City.

* Miss Jean B. Pinney is the ASHA representative on this Committee. ASHA was also represented at the Philadelphia Conference, by Dr. John H. Stokes, Chairman, General Advisory Board, and Mrs. Dwight S. Perrin, a member of the Board of Directors. At the Denver Conference ASHA representatives were: Miss Josephine J. Albrecht, Omaha, Nebraska, and Mrs. Arthur Wearner, Denver, Colorado.

News from the International Agencies

International Council of Women Meets in Philadelphia.—A thousand women from 38 countries gathered at the University of Pennsylvania, September 7-14 for the first postwar Triennial Convention of the International Council of Women. Centered around the theme "the power and responsibilities of freedom," the week's sessions considered such topics as child welfare, equal rights, cultural standards and education. Among the resolutions adopted was one relating to the question of children born out of wedlock. The resolution urged "that provision be made for an abbreviated birth certificate for general use which should not disclose parentage."

Mrs. Jeanne Elder, Swiss educator, was elected president of the Council, and vice-presidents include Lady Nunburnholme, of England; Miss Louise C. A. Van Eeghen, the Netherlands; Mme. Pichon Landry, France; Dr. Renee Girod, Switzerland; Judge Sigrid Stray, Norway; Miss Minerva Bernardino of Washington and the Dominican Republic; Mrs. Edgar D. Hardy, Canada, and Mrs. Harold Milligan of New York.

National Social Hygiene Chairman is Mrs. Daniel Poling of Philadelphia. Mrs. Laura Dreyfus-Barney of Paris, Convenor of the Peace and International Relations Committee, is Liaison Officer to the United Nations.

First Postwar Conference of Christian Youth.—More than 1,200 young men and women from seventy countries met in Oslo, Norway, to discuss problems in the present world order and "the Church facing the world," in the course of a ten-day series of meetings July 22 to August 1. The world Conference, whose last previous meeting was in Amsterdam in 1939, was sponsored by the World Council of Churches with seven cooperating organizations, with a Norwegian Committee caring for local arrangements. While the groups represented chiefly Protestant communions in their countries, 16 Roman Catholic observers were also present. A rally of Christian youth, grouped by continents, in the Oslo Stadium was viewed by some 65,000 Norway citizens.

The Conference was divided into 40 groups, with general sessions alternating with the group discussions. Among the inspiring program features reported were the talk of Professor Kirtley Mather, President of the U. S. National Social Welfare Assembly, on *Confronting Science*, a mass devotional service with the Lord's Prayer recited in unison but in many tongues, and a worship service prepared by the Negro and white delegates from the United States.

Librarians of the Americas Meet in Washington.—Thirty leading librarians from the American Republics attended a Conference in Washington, D. C., in May, 1947, the event being arranged by the U. S. State Department and the Library of Congress.

During daily sessions, committee meetings and seminars, the Assembly explored problems of common interest and concern and mapped future cooperation.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS AND REPORTS

Annual and Special Reports

- ANNUAL REPORT 1946-1947. Philadelphia Tuberculosis and Health Association, 311 South Juniper Street, Philadelphia 7, Penna.
- PREMARITAL EXAMINATION, by Nadina Kavinsky, M.D. Reprinted by permission from *The Western Journal of Surgery, Obstetrics and Gynecology* by the Kansas City Social Hygiene Society. 15 cents a copy, on request to Kansas City Social Hygiene Society, Room 404, 1020 McGee Street, Kansas City 6, Missouri.
- PRODUCTION COMES FROM PEOPLE. Information Circular giving summary of services and activities of Industrial Hygiene Foundation, 4400 Fifth Avenue, Pittsburgh 13, Pennsylvania.
- PUBLIC HEALTH SURVEY—of Saratoga County, New York, 1945-1946. Made for the Saratoga County Tuberculosis and Public Health Association, Inc., by Gertrude D. Hodgman, R.N., M.A. 136 pages plus Appendix.
- UNIFORM CRIME REPORTS. For the United States and Its Possessions, Volume XVIII, Number 1, Semiannual Bulletin 1947 (covering first 6 months of 1947). Issued by the Federal Bureau of Investigation, U. S. Department of Justice, Washington 25, D. C.

Pamphlets for Professional Workers

- MAKING HEALTH VISIBLE. Second edition by Cleveland Health Museum, 125 pages, 72 illustrations. 25¢. Copies sent on request to Cleveland Health Museum, 8911 Euclid Ave., Cleveland 6, Ohio.
- VENEREAL DISEASE CASE FINDING RESEARCH QUESTIONNAIRES, July, 1947. Manual of Instructions on Questioning in Clinics and Rapid Treatment Centers. Venereal Disease Division, U. S. Public Health Service, Washington 25, D. C.
- VERY PERSONALLY YOURS. 22-page booklet, illustrated in color, explaining menstruation for the teen-age girl. Free on request to International Cellucotton Products Co., 919 North Michigan Ave., Chicago 11, Illinois.

IN THE PERIODICALS

Of General Interest

- PUBLIC HEALTH NEWS (New Jersey State Dept. of Health), April, 1947. *What Lies Ahead in the Field of Social Hygiene*, Howard Ennes.
- PUBLIC HEALTH NURSING, May, 1947. *Community Planning for Parent Education*, Philip A. Bearg, M.D. and Eleanor L. Wood.
- September, 1947. *Social Hygiene at the Grass Roots*, Harriet S. Cory, M.D. and Josephine M. Brown.

Sex Education, Marriage and Family Relations

- JOURNAL OF SCHOOL HEALTH, June, 1947. Reprinted from the Los Angeles School Journal, February 17, 1947. *What Is Sex Education?*, J. L. C. Goffin, M.D.
- JOURNAL OF SOCIAL CASEWORK, May, 1947. *Casework with Marital Problems*, Elsie M. Waelder.
- June, 1947. *Marriage Counseling*, Katherine McElroy.
- MARRIAGE AND FAMILY LIVING, May, 1947. *Education for Divorce*, William J. Goode.
- Adjustments after Marriage*, Judson T. Landis.

Health Education

- AMERICAN JOURNAL OF PUBLIC HEALTH, June, 1947. *What Is Health Education?* A Symposium. W. W. Bauer, M.D., Herman N. Bundesen, M.D., Mary P. Connolly, Mayhew Derryberry, Thomas D. Dublin, M.D., Elizabeth G. Fox, R.N., Howard W. Green, William S. Groom, Sally Lucas Jean, R.N., Bleecker Marquette, Lucy S. Morgan, Dorothy B. Nyswander, W. W. Peter, M.D., Charles C. Wilson, M.D.
- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, June, 1947. *Extending the School Health Program*, F. V. Hein, Ph.D.
- WISCONSIN STATE BOARD OF HEALTH QUARTERLY BULLETIN, April-June, 1947. *Use of the Health Education Library*, William Dewey.

Public Health and Medical

- AMERICAN JOURNAL OF THE MEDICAL SCIENCES, May, 1947. *The Present Status of Tryparsamide in Syphilotherapy*, Herbert Koteen, M.D.
- The Serologic Response Following Penicillin Therapy for Early Syphilis*, E. G. Clark, M.D., R. W. Maxwell, M.D., and Virgil Scott, M.D.
- June, 1947. *The Treatment of Syphilis of the Central Nervous System with Penicillin*, Albert Heyman, M.D.
- THE BULLETIN, of the U. S. Army Medical Department, April, 1947. *Veneral Disease in the Army*, Major General Norman T. Kirk.
- BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE, April, 1947. *Eighty Years of Public Health in New York City*, Israel Weinstein, Commissioner of Health, New York City.
- CALIFORNIA'S HEALTH (State Department of Public Health, Sacramento), May 31, 1947. *Public Health—Private Physician Veneral Disease Morbidity Reporting Program*, R. A. Koeh, M.D., and J. C. Geiger, M.D., D.P.H.
- THE JOURNAL OF VENEREAL DISEASE INFORMATION, July, 1947. *A Revised Note on Quantitative Kahn Tests Employing 0.9 and 2.5 Per Cent Salt Solution Systems*, Reuben L. Kahn, Sc.D.
- The Quantitative Kahn Test*, Ad Harris.
- Preservation of Sheep Red Cells for Complement-Fixation Tests. I. An Improved Method*, J. Portnoy, H. N. Bossak and Ad Harris.
- Some Significant Aspects of Veneral Disease Research*, J. F. Mahoney, M.D.
- September, 1947. *Granuloma Inguinale: Streptomycin Therapy and Research*, Robert B. Greenblatt, M.D., Robert B. Dienst, Ph.D., Herbert S. Kupperman, Ph.D., M.D., Cecil R. Reinstein, B.S.
- Notes on the Epidemiology of Granuloma Inguinale*, Charles Walter Clarke, M.A., M.D., F.A.C.P.
- Socioeconomic Aspects of Granuloma Inguinale*, Robert B. Greenblatt, M.D.
- SIGHT-SAVING REVIEW (New York City), Spring, 1947. *Relation of Syphilis to Blindness*, J. J. Cook, M.D.
- U. S. NAVAL MEDICAL BULLETIN, May-June, 1947. *Single Injection Therapy for Gonorrhea*, Turner Camp.

Youth in the World Today

- AMERICAN JOURNAL OF PSYCHOTHERAPY, July, 1947. *Rehabilitation of Delinquent Girls*, Edith Balassa.
- NATION'S SCHOOLS, June, 1947. *Delinquency—Bad Conduct Has a Cause*, Jennie Wallace.
- UNDERSTANDING THE CHILD, June, 1947. *Dealing with Delinquency Through Mental-Health and Child-Guidance Clinics*.

ANNOUNCEMENTS

Next Month.—For the December issue of the JOURNAL, the editors have planned a special *Social Hygiene Day Number* to feature articles on *The Meaning and Purpose of Social Hygiene Day*. . . . *Current Situation in VD Control* by Surgeon General Thomas Parran. . . . *Case-Finding and How it Operates*, by Theodore Rosenthal,

M.D. . . . *Functions of the Rapid Treatment Center*, by Evan Thomas, M.D. . . . *Review of Sex Education in Schools*, by Jacob Goldberg, Ph.D. . . . *Law Enforcement Progress During 1947*, by Paul Kinsie and . . . *Serological Tests in Industry*, by Walter Clarke, M.D.

World Events—Current and Future*(Dates subject to revision)***United Nations Meetings***(At Lake Success, New York, unless otherwise noted)*

November 3	Second General Conference, UNESCO.	Mexico City
From Sept. 16	General Assembly—2nd Session.	
December 1	Commission on Human Rights—2nd Session.	Geneva
1948		
February 2	Economic and Social Council—2nd Session.	
March 23	Conference on Freedom of Information.	Geneva

Other World Events

October 20-25	First Postwar General Assembly, International Union Against the Venereal Diseases.	Paris
October 15	World Council, YWCA	Hangchow, China
October 27	International Chamber of Commerce.	Paris
November 29-December 7	Emergency World Peoples' Congress.	New York City
December 1	Caribbean Commission—Fifth Session.	Trinidad, BWI.
1948		
January 5	Ninth Pan-American Child Congress—American International Institute for the Protection of Childhood.	Caracas, Venezuela

*Find the***MISSING MILLION***. . . and help***Stamp Out VD***. . . fight VD 3 ways—*

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What Radio Can Do for Social Hygiene.....J. Reagan "Tex" McCrary
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Marriage and Family Life Today

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 Robert W. Searle
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 George S. Stevenson
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Social Hygiene and the Atomic Age

- Editorial: Sex and Character
Is Man Obsolete?.....J. R. Heller, Jr.
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The Family Responsibility in Social Hygiene.....James H. S. Bossard
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 Books on Health Education
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 Books on Medical and Public Health Activities

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- Editorial: The Community in Action
Armed with Resolution—Social Hygiene Education in Colorado
 Congress of Parents-Teachers.....Mrs. A. A. Wearner
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A Community Family Life Institute.....P. K. Houdek
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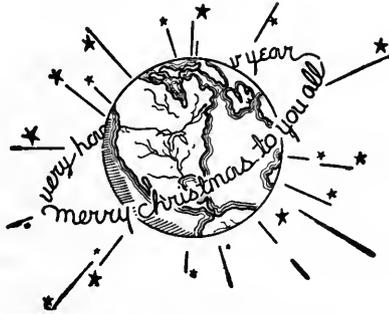
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FAMILY PICTURE

The Chinese scholar of long ago who first took up his brush to put the spoken language into written characters must have begun his work by drawing symbols for the things that he could see with his eyes: the sun and the moon first perhaps, and then man, woman, child, house, river, tree. The characters that are used for these words to this day show very clearly their origin in the old picture language.

When he came to characters for ideas, like *goodness* and *peace* and *contentment*, it was not quite so easy, but he drew on his own experience of which was indisputably good—what filled the heart with peace. To write *good*, he combined the “woman” symbol of his first efforts with the “child” symbol, to make a new character. The very essence of goodness for a man, he seems to be saying to us, is a woman and a child—a family of his own.

Similarly when he came to make the character for *peace* or *contentment*, his own life experience showed him the way. To the combined “woman” and “child” symbols he simply added the “roof” symbol, as one who would say, “the family in the home means a heart at peace”.

Dividing oceans don't make much difference in the human heart; orient or occident, we all want much the same things from life. We of the English-speaking world say “East or West, home is best” and mean very much what the Chinese do when they brush in with swift strokes the symbols for a family under its own roof to describe contentment.

Let's look at another family picture that is very much in our thoughts as our year draws to its close: the picture of the first Christmas. It is almost as simple and straightforward to the mind's eye as the Chinese ideograph: a man, a woman with a child in her arms, together under the thatched roof of that stable in Bethlehem. Centuries roll as wide between that day and this as the broad Pacific between us and our Chinese friends, but the picture is the same down the years, the world over: the family picture, the sum of all good things.

That family picture was very clearly before the eyes of the pioneers who founded the social hygiene movement. During the third of a century that has elapsed since that founding social hygiene has always been *for* the family, for its greater happiness, its better well-being. Without the vision of the founders and their constructive work, the picture today would be a very different one: unnecessary death and disablement would have entered many a family circle, warping it from its perfect round of mother and father and child. The picture is not all bright even yet: preventable illness still takes its terrible toll, but the future is full of hope that we can end this sorrow.

With the approach of still another Christmas in the long procession that stretches back to Bethlehem, the JOURNAL OF SOCIAL HYGIENE greets you and wishes all good things to you and yours on Christmas Day: your family together under one roof, and peace in your hearts.

ELEANOR SHENEHON

Guest Editor

NATIONAL SOCIAL HYGIENE DAY

February 4, 1948

This issue of the *Journal of Social Hygiene* has been designed to give an overall view of important current activities in the social hygiene field and thus to provide helpful background material for Social Hygiene Day speakers. Social Hygiene Day programs help to promote public understanding of social hygiene problems and, by so doing, make their contribution toward building better social hygiene conditions for the America of the future.

Agencies interested in planning observances are urged to write to the American Social Hygiene Association for the folder "Find the Missing Million", which sets forth Social Hygiene Day objectives, and for "The Social Hygiene Day Call", an eight-page tabloid containing program and publicity suggestions for meeting sponsors.

“THE COMPLEAT CASE FINDER”

THE PRACTICAL EPIDEMIOLOGY OF SYPHILIS AND GONORRHEA IN NEW YORK CITY

THEODORE ROSENTHAL, M.D.

*Director, Bureau of Social Hygiene, Department of Health,
City of New York*

It is well to bear in mind, even for a non-technical discussion, that the above title represents a certain degree of wishful thinking which unfortunately is hardly ever consummated in venereal disease control work. The task of locating sources of infection and contacts of venereal disease patients, that is, persons who themselves are suspected of being infected, is fraught with many difficulties. In the brief space allotted, an effort will be made to provide a layman's description of case finding practices in the New York City Health Department, together with some examples of actual situations uncovered in the course of case investigation.

Our discussion must of necessity be prefaced by certain background information. The hub of New York City case-finding program is the morbidity or case report and its repository, the central registry file of reported cases of venereal disease. The local health law, called the Sanitary Code, requires that all persons having knowledge of cases of venereal disease report such information to the Health Department. Such reports, transmitted on a prescribed form, contain information about the patient, and in addition, provide for information concerning the source of infection and the contacts of the patient, if known or if ascertainable. In this way, information concerning venereal disease patients flows into the Health Department from physicians, hospitals, clinics, as well as agencies such as the selective service administration, the army and navy, and state and local health departments.

A provision of the local health law requiring all clinical laboratories to report positive findings indicating venereal disease to the Health Department serves as a double check and encourages cooperation by the practitioner.

Other important regulations contributing to the discovery of venereal disease are the prenatal and premarital examination laws, which provide that all pregnant women and all persons contemplating marriage receive examinations, including serologic tests for syphilis.

It will be seen, therefore, that a substantial number of venereal disease reports are received by the Health Department daily. At this point, an important medical distinction must be made between communicable or potentially communicable venereal disease, and chronic or latent or non-communicable venereal disease. Both syphilis and gonorrhoea, when they have been recently acquired, are com-

municable. After a person has had a syphilitic infection for several years, despite the lack of treatment, he or she is commonly regarded as being non-communicable. Since venereal diseases are usually acquired from other persons by intimate contact, and with the knowledge that the incubation period for gonorrhoea is 2 to 7 days and for syphilis 3 to 4 weeks, it follows that the search for contacts is restricted to cases of recently acquired infections.

A Health Department physician scrutinizes all case reports for the purpose of making an initial sorting between cases of public health significance, i.e. early syphilis, syphilis in pregnancy, early congenital syphilis and acute gonorrhoea and those of late or latent syphilis. Cases in the former category are selected for intensive case finding.

Many physicians, clinics and hospitals in New York themselves engage in excellent case-finding activities, and patients are carefully interviewed for contact information. In many cases, field visits are made by personnel of the clinic or hospital. Where the institution itself does not have facilities for such case investigative work, the Health Department offers its staff of trained workers, thus making available to every treatment source in the city, and the 17,000 physicians in the community, all necessary epidemiologic service.

The substantial case load for field investigation that the Health Department receives is the activity with which we are now concerned. The Health Department staff available for such work is composed of skilled physician epidemiologists, trained male investigators and hundreds of public health nurses serving in all of the districts of the city. Table I indicates the volume and type of work accomplished in 1945 and 1946.

The first phase of our complete control effort is represented by the tactful contact interview mentioned above, for the purpose of eliciting useful information from the patient which will enable the Health Department to get in touch with the contact for the purpose of bringing about a medical examination. If found infected, such a person is naturally placed under medical care.

Volumes could be written about the delicate nature of the art of contact interviewing. Suffice it to say that a sympathetic personality, with an understanding of the medical facts of the disease, some knowledge of the psychology of the venereal disease patient, together with an unemotional approach to the situation, are all necessary for this difficult and yet essential task. If the information elicited from the patient is accurate and truthful, then the second phase, case finding, becomes possible. If the information provided by the patient is inaccurate, because of either actual ignorance or with malice aforethought, case finding under these conditions becomes a dismal failure and constitutes a waste of manpower and money.

The field investigator in venereal disease must have a thorough knowledge of the neighborhoods of the city in which he works. He

must be familiar with the resources for locating individuals, besides being endowed with a persuasive personality so that after locating the patient, he can convince him to report to his physician or to a clinic.

A perusal of a few typical case investigations described below is the best way to give a picture of the problems and situations encountered in venereal disease case finding in New York City and demonstrate the ingenuity and resourcefulness required of the successful investigator. All names and street addresses given are fictitious.

Conjugal Transmission of Syphilis

Case 1.—Mrs. B.S. was diagnosed on August 8 as having primary syphilis; her husband G.S. was located and examined on August 11, when a diagnosis of primary and secondary syphilis was made. The wife denied all extra marital relations; the husband G.S. refused to divulge his source of infection. By a curious coincidence, Miss M.K. was admitted on August 12 with a diagnosis of early syphilis. She gave as her regular boy friend Mr. M.M. While in the clinic, she was permitted to make a phone call to her friend M.M. and was overheard telling him not to come to the same hospital for treatment, since their mutual friends G.S. and B.S. were also in the hospital being treated for the same disease. However, M.M. was located, examined and found infected with secondary syphilis.

Chart I illustrates the sequence of infection in this case, in which the conjugal transmission of syphilis occurred.

Juvenile Delinquency

Case 2.—A patient, a girl A.B., age 15, with secondary syphilis, was admitted to the Rapid Treatment Center and stated that she had been at a party with three other boys and one girl whose addresses she gave. Two of the boys were 18 years of age, and one was 19, the girl was 15. These four subsequently named three additional boys and three girls as participating in promiscuous sex relations. One of these girls was subsequently discovered to be pregnant. Two of the girls were discovered to be infected with early syphilis. Chart II illustrates sequence of infection in this case.

Contact Tracing Through Aid of Schools

Case 3.—A worker was given the information that Mary, 28 years of age, living at 50 Haley Street, had been named as a contact by a patient at the Rapid Treatment Center who was suffering from secondary syphilis. The worker called at the address given and spoke to the superintendent, who informed him that the person he was looking for had moved away six months ago. She had left in a hurry, owing money to the people in the neighborhood. The superintendent gave the woman's last name as Wilson and stated that she had two children, a young boy aged 7 and a girl aged 8.

The investigator waited until after school was over and then questioned children on the same street, and quickly learned the first names of the two Wilson children, and the number of the school that they had attended. He proceeded to this school, presented his credentials and then questioned the attendance clerk about these children. The clerk soon located the names of both children in the files with the notation that they had been transferred to another school. The investigator secured the address of this school and the grades of the children, and visiting the new school, soon located the children, and obtained the address of the mother. At the new address, the investigator located the person he was seeking. Mrs. Wilson seemed very much surprised at the discovery of her new address, since she stated she had not told a single person of her intention of moving, and that she had even kept her children from visiting the old neighborhood. She was escorted to the nearest Health Department clinic where a diagnosis of secondary syphilis was made and she was promptly hospitalized. The children were cared for by relatives who had been located by the investigator.

"The Ice Man Cometh"

Case 4.—A field investigator was assigned the case of a lady named Louise, no last name known, at an address in Brooklyn; she had been named as a contact to a patient with secondary syphilis. He proceeded to the address given and spoke to some of the tenants, who provided two last names which they stated this woman had used, Jones and Smith.

This woman had moved out some time before owing money to neighboring shop keepers, and without leaving any forwarding address. The investigator returned to the street, and saw an iceman approaching with his little cart of ice. When the investigator questioned the iceman, he was informed that this woman had been a customer of his and also owed him some money. At the time her furniture was being moved, the iceman questioned the mover as to the new address. He was told that it was none of his business. In spite of this rebuff, the iceman wrote down the number of the automobile license of the moving van on the wall of his cellar. The investigator accompanied the iceman to the cellar and copied the number of the auto license. Upon inquiry at the Automobile License Bureau, the name and address of the moving van was provided. The investigator then visited the mover and by a "bit of strategy and bluff," secured the address of Mrs. Louise Jones. On arriving at the new address, he found that she had again moved. However, to use his own language, he "contacted a snoop woman" who informed him that the woman he was seeking was securing home relief, at a nearby station of the Welfare Department. At this agency, after proper identification, the worker was given a new address. This lead proved successful for at this new address, he found Mrs. Jones and escorted her to the nearest Health Department clinic, where a diagnosis of secondary syphilis was made and the patient promptly hospitalized.

Contact Investigation Through Aid of Selective Service Administration

Case 5.—A worker was assigned to locate a young man named Jimmy, age 17, whose street address was known to the informant, a young girl hospitalized with primary syphilis. He called at the address given, asking for a person by that name, and was told that he was not known there. After fruitlessly checking adjacent houses, the worker noticed several girls about 17 years old in the neighborhood. Upon questioning them whether they knew Jimmy, the girls remarked that he must be talking about that fellow Williams. These girls stated that they had not seen Williams in the neighborhood for several weeks.

The investigator revisited the original informant, who by this time had been discharged from the hospital and was at her home. She stated that on the occasion that she had met Jimmy, she had gone alone to a local movie theatre in the neighborhood. After about 30 minutes, a young fellow sat down beside her, offered her candy and struck up a conversation. After the show they went to the street together where he invited her to the home of one of his friends for a chat and some soft drinks. Upon arriving at this address (the name and address being given to the field worker) the apartment was found unoccupied. At this time, Jimmy forced the girl to submit to intercourse after threatening that he would cut her up with his knife. The girl stated that since that time she had not seen Jimmy, although she had searched the neighborhood for him. She did, however, provide a better description of Jimmy and had been told by another girl that he did live in the neighborhood with his parents and that he was an only son.

The worker then decided to consult the local office of the selective service administration. He had the clerk check the record of the block in Brooklyn in which the boy was suspected of living, for all persons named Williams between the ages of 17 and 20. In a few minutes, the name of Jimmy Williams was located. According to this record, he lived with his parents at an address only a few houses removed from the address originally given to the field worker, and had served in the navy and had been discharged in 1947.

The worker then visited this new address in the evening, locating the father and mother. He asked the father whether he had any children; the reply was one son, 19 years old. The worker then informed them that he was a Health Department representative, and was trying to locate Jimmy. The parents were very suspicious, because as the investigator learned later, the boy had "a bad reputation in the neighborhood and had been in a little trouble with the law." The parents were unable or unwilling to state when the boy would return home.

Early the next morning, the worker returned to the address, located Jimmy and escorted him to the nearest Health Department clinic.

Examination disclosed that he was suffering from secondary syphilis and he was admitted for treatment.

The investigation and examination of all direct contacts of an infected person make it possible to locate newly infected individuals and when these are properly and promptly treated, allows the chain of infection to be broken before new links have been forged.

Another extremely important means of discovering persons infected with venereal disease is the encouragement of voluntary examination through popular education. Every method of conveying information to the public is exploited to the end that no one in the community need go without proper examination for venereal disease. Those persons who can afford to consult their own physicians are urged to do so; for medical indigents, there are more than 80 clinics and dispensaries in New York City, operated by voluntary and municipal hospitals and the Health Department itself. Examination and treatment at the clinics operated by the Municipal Hospitals and the Health Department are provided gratis; this includes penicillin treatment whenever indicated.

A recent study of persons applying to Health Department clinics for advice on venereal disease problems has revealed a number of interesting facts, illustrated in Table II.

During the period April 1-June 30, 1947, 12,552 persons consulted Health Department clinics for information, advice and examination of venereal disease problems. Of these, 6,185, or about half, were found not infected. Of the balance found infected, 1,192 had been previously treated while 5,175 persons had never had previous treatment for venereal disease. Of this latter group, 3,897 were infected with gonorrhea and 364 persons had either primary or secondary syphilis.

Of these patients with newly acquired gonorrheal infections, 3,019, or more than three-fourths, came in voluntarily because of symptoms. 192 patients with untreated primary or secondary syphilis, or more than half of the group with previously untreated primary or secondary syphilis, also applied voluntarily with symptoms. Of those found not infected, 1,268, or about one-fifth, of the entire group reported as a result of contact investigation; 3,465, or more than half, reported voluntarily.

The total number of persons examined as a result of contact investigation was 1,957; of this number, 689 or one-third were found infected with either syphilis or gonorrhea.

TABLE I

DISPOSITION OF CONTACTS TO VENEREAL DISEASES CASES RECEIVED FOR INVESTIGATION BY THE NEW YORK CITY HEALTH DEPARTMENT, 1945-1946

(Disposition as of end of February, 1946 and end of February, 1947)

<i>Type of Contact</i>	1945			1946		
	<i>Assigned to</i>		<i>Total</i>	<i>Assigned to</i>		<i>Total</i>
	<i>Health Dept.</i>	<i>Non-Dept.*</i>		<i>Health Dept.</i>	<i>Non-Dept.*</i>	
Contacts to Members of the Armed Forces						
Cases assigned	3,895	7,191	11,086	2,288	4,414	6,702
Dispositions:						
Placed under treatment....	632	38	670	331	9	340
Already under treatment...	178	11	189	82	8	90
Infected, not brought to treatment	45	1	46	22	..	22
Not infected	965	39	1,004	593	14	607
Preliminary examination only	39	..	39	4	..	4
Cannot locate	1,757	1,961	3,718	1,062	954	2,016
Out of New York City.....	52	19	71	34	7	41
Insufficient information ....	..	4,833	4,833	..	3,260	3,260
Other	66	267	333	94	152	246
Pending	161	22	183	66	10	76
Other Contacts						
Cases assigned	10,077	2,863	12,940	15,930	3,667	19,597
Dispositions:						
Placed under treatment....	1,308	105	1,413	2,468	179	2,647
Already under treatment...	986	142	1,128	1,590	145	1,735
Infected, not brought to treatment	131	1	132	209	..	209
Not infected	3,511	320	3,831	5,303	395	5,698
Preliminary examination only	167	2	169	81	..	81
Cannot locate	2,434	946	3,380	3,946	1,157	5,103
Out of New York City.....	181	83	264	247	124	371
Insufficient information ...	..	790	790	..	1,092	1,092
Other	587	159	746	1,172	178	1,350
No disposition	772	315	1,087	914	397	1,311

* Includes police, armed forces and other health departments.

TABLE II

REASON FOR COMING TO DIAGNOSIS FOR PREVIOUSLY UNTREATED CASES BY STAGE OF DISEASE, PREVIOUSLY TREATED CASES AND THOSE FOUND NOT INFECTED, NEW YORK CITY HEALTH DEPARTMENT CLINICS, APRIL 1-JUNE 30, 1947

Reason for Coming to Diagnosis	Total	Previously Untreated							Not Infected Treated	Prev. Treated
		Syphilis			Gonor- rhea	Other V.D.	Not Infected Treated	Prev. Treated		
		Primary & Sec.	Early Latent	Cong. Other						
Total	12,552	364	433	23	333	3,897	125	6,185	1,192	
Contact investigation	1,957	46	59	10	42	383	4	1,268	145	
Separate referral	126	1	8	..	2	5	..	67	43	
Special survey	40	..	..	..	..	..	..	38	2
Referred by private physician for consultation	336	23	5	1	12	11	15	257	12	
Transferred from private physician	165	27	14	1	18	16	3	15	71	
Transferred or referred from other H. D. Clinic	209	29	8	..	13	38	..	77	44	
Transferred from Non-Dept. Clinic	501	29	27	3	55	92	7	143	145	
Voluntary—with symptoms	5,474	192	86	4	79	3,019	90	1,503	501	
Voluntary—no symptoms	2,942	8	65	2	93	57	3	1,962	152	
Court and shelter cases	1,108	..	143	232	..	726	7	
Other	294	9	18	2	19	44	3	129	70	

THE FUNCTION OF RAPID TREATMENT CENTERS

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The United States Public Health Service, during the early years of the late war, sponsored the development of numerous Rapid Treatment Centers for Venereal Disease, located strategically throughout the United States. Most of the Centers were established prior to the penicillin era, when rapid treatment for early infectious syphilis consisted of intensive treatment with arsenical drugs and bismuth, with or without induced fever. As soon as penicillin became available in sufficient quantities, this valuable antibiotic was used for the treatment of gonorrhea and syphilis in all of the Centers.

Effective rapid treatment for early infectious syphilis is still relatively new. The first successful attempts to inaugurate, on a large scale, a relatively safe, quick treatment for early syphilis was in 1938, when a committee appointed by Dr. Elmer Rice, who was then the Commissioner of Health in New York City, made an extensive investigation of a continuous intravenous drip method of giving arsenical drugs. This method was first employed by Hyman, Chargin and Leifer at Mt. Sinai Hospital in New York. Intensive treatment with arsenical drugs was never perfected to the point where effective therapy was free from all danger to the patient. When one considers, however, that throughout the United States not more than from 5 to 10 per cent of clinic patients who started the older form of routine treatment for early syphilis attended clinics regularly or completed the prolonged courses of injections necessary for cure, one realizes the great importance of an effective treatment which can be completed in from six to ten days. The late effects of uncured syphilis many years after infection are so damaging in many cases that there was ample justification for the risk involved in the intensive treatment of early syphilis with arsenical drugs, provided the treatment was given by trained physicians who were alert to detect reactions. That the United States Public Health Service realized this and promptly seized the opportunity to establish Rapid Treatment Centers for early syphilis, even before penicillin became available, has undoubtedly paid large dividends from a public health point of view.

With the introduction of penicillin, the risk formerly associated with rapid treatment for early syphilis has been eliminated. In spite of the fact that we have not yet learned the most practical optimum schedule of penicillin therapy for early syphilis, there can no longer be any doubt that the preferred method of treating early syphilis, especially for clinic patients, is rapid therapy which can be completed in from 8 to 14 days. Even if more prolonged periods of therapy should subsequently prove slightly more effective, the

cost of hospitalizing patients for longer periods would be prohibitive. If treatment is given in out-patient departments, past experience has proved that a large percentage of clinic patients with early syphilis will not report regularly for injections for more than a short time. My own experience leads me to believe that the best way to prevent late syphilis in the highest percentage of patients with early infections is to treat them while they are hospitalized rather than to attempt to treat them in clinics. Reasonably satisfactory results can be obtained in 9 or 10 days of hospitalization.

Unfortunately, however, the care of patients who acquire early syphilis does not end with the period of rapid therapy. When the treatment is finished we have no means of knowing whether or not the infection has been completely eliminated. Consequently patients must be observed at frequent intervals for at least two years after therapy for early syphilis in order to detect relapses and to ascertain that the treatment has been satisfactory. Patients who relapse become infectious again and add to the reservoir of infectious syphilis in their community. Therefore the function of Rapid Treatment Centers is by no means confined to therapy. Together with other agencies concerned with the control of venereal diseases, the Rapid Treatment Center is proving an almost indispensable factor in the over-all fight against syphilis.

In brief, the functions of Rapid Treatment Centers for syphilis can be included under the following headings:

1. Case Finding and Diagnosis.
2. Treatment.
3. Follow-up of Treated Patients.
4. Patient Education.
5. Clinical Research.

CASE FINDING AND DIAGNOSIS

Rapid Treatment Centers, sponsored by the United States Public Health Service, will accept all cases of infectious syphilis in the communities served by the Centers. Treatment is given free of charge. Patients are referred by local Department of Health clinics, city and private hospitals and by private physicians who wish to refer their patients, and increasing numbers of patients report to the Centers of their own volition.

The diagnosis, if already made, is always confirmed by dark field examinations and serologic tests in the Center. If the diagnosis is in doubt the patient is kept in the Rapid Treatment Center until a definite diagnosis has been made or venereal disease has been ruled out.

Now that gonorrhoea can be cured in a high percentage of cases with a single injection of penicillin in beeswax and oil or three injections of penicillin dissolved in water, few, if any, Rapid Treat-

ment Centers hospitalize patients with gonorrhoea alone. Most of the beds in the Centers are occupied by patients with syphilis, although some of the Centers treat patients with any of the venereal diseases. For the sake of brevity, this article is limited to consideration of patients with syphilis.

When the diagnosis of syphilis is established, appropriate treatment is started at once, but much more is involved in the management of the patients than treatment alone. Patients with early syphilis have been recently infected and were themselves infectious prior to treatment. Consequently, one of the most important functions of a Rapid Treatment Center is to obtain the names of possible sources of infection and of contacts whom the patient might have infected prior to admission to the Rapid Treatment Center. This means that the patients themselves must be informed about syphilis and its control. Not only is great tact required on the part of interviewers, but the entire atmosphere of the Treatment Center must be such as to win the confidence and cooperation of patients. The creation of a *desirable attitude towards patients* by all concerned, from physicians and nurses to clerical staff and ward attendants, cannot be stressed too greatly. The United States Public Health Service, with this in mind, helps to provide trained personnel; and patients can be assured of not only good medical care, but also considerate attention by the entire staff in the Rapid Treatment Centers.

The most difficult problem in the control of syphilis is lowering the reservoir of infection by locating the contacts of known patients with early syphilis and bringing them in for treatment. Local, state and federal health departments have long been aware of the problem and do their best to solve it. The first essential in tracing infectious cases of syphilis, however, is to get the names of contacts from patients who are under treatment. Few Public Health Departments have the funds to do an ideal job of finding all contacts named by patients, although increasing numbers of infectious cases are brought to treatment through Health Department investigators. One of the best ways of supplementing the work of tracing contacts is to persuade the patients under treatment to find their contacts and bring them to the Rapid Treatment Center. When properly approached many patients will do this after they have finished their treatment in the hospital. The hospitalization of patients affords an opportunity for getting cooperation in finding new cases of syphilis that is rarely present to the same extent in out-patient departments.

TREATMENT

The treatment schedules used in the Rapid Treatment Centers represent the most up-to-date effective rapid therapy known at any given time. Therapy is based on information which is made available to the United States Public Health Service and patients can be assured that their treatment is based on the most modern scientific research.

FOLLOW-UP OF TREATED PATIENTS

Few infectious diseases known to medicine are more complex than syphilis. Not only is syphilis a life-time infection in most patients, if not cured, but it is also an extraordinarily secretive disease. As a rule it does not make patients feel sick and the destructive lesions caused by late syphilis are frequently far advanced before the patient is aware of any trouble. Spirochetes may lie dormant in tissues for many months after treatment only to revive and begin to multiply again. *Every patient treated for syphilis should be observed for years after treatment.*

Because syphilis works in secret and patients are unaware of the progress of the disease, the follow-up of treated patients has always presented a difficult problem. Rapid Treatment Centers make every effort to follow-up their treated patients by letters, telegrams and, in some cases, personal visits, but the problem never can be solved by such expensive means alone. If patients are to remain under observation for long periods, they themselves must understand why this is necessary. In other words, *all patients treated for syphilis should know the most essential facts about their disease.* They should be told about blood tests for syphilis and be informed as to the possibility of relapse and reinfection. This cannot be done adequately for large numbers of patients in private interviews. Group lectures and discussions afford the best means of educating large numbers of patients with syphilis. Out-patient Clinics can rarely organize such educational programs efficiently.

Patients hospitalized in Rapid Treatment Centers have abundant time for education and one of the important functions of such Centers is to provide patients with an understanding of why they should report regularly for follow-up examinations.

Experience has proved that good follow-up of large groups of patients treated for syphilis depends on the kind of education they receive. Rapid Treatment Centers provide by far the best opportunities for such education.

CLINICAL RESEARCH

Syphilis is a disease full of surprises for both physician and patient. Exceptions to established rules are frequent and there is much about the immunology and course of syphilis which still is obscure. There is vastly more to the diagnosis and care of syphilis than merely taking blood samples and treating patients with positive tests for syphilis until the tests become negative, as is all too frequently done.

Rapid Treatment Centers are staffed by trained personnel who have unusual opportunities to preserve and study clinical data. Frequent seminars conducted by the United States Public Health Service help to keep the medical staffs of the Centers up to date and make it possible to pool the data collected by the various Centers. This affords opportunity for sustained research on a large scale. Today,

for example, through programs arranged by the United States Public Health Service, intensive research on penicillin therapy is being conducted in most Rapid Treatment Centers. Carefully selected patients who can be observed for years are chosen for special studies. As a result, invaluable information is now in the process of being gathered and tabulated by the United States Public Health Service. This information is made public as soon as it can be properly evaluated.

While the primary function of Rapid Treatment Centers is venereal disease control and not research *per se*, the opportunities for clinical research in these Centers is being put to good use and will in time add greatly to the knowledge of all.

SUMMARY

The foregoing description of Rapid Treatment Centers has been confined to generalities. To attempt to give details of the administration and activities of the Centers would be to go beyond the scope of this paper and would require more space than I have. I hope that the brief outline which I have given has been sufficient to show the great advance in the fight against syphilis represented by Rapid Treatment Centers. My own experience leads me to believe that, while treatment alone will probably never eliminate syphilis, Rapid Treatment Centers present one of the most important means for implementing the complex program of venereal disease control.

SEX EDUCATION OR SOCIAL HYGIENE EDUCATION IN SCHOOLS IN FORTY CITIES *

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I. Introductory Statement. For a number of years we have periodically written to superintendents of schools in cities in all states for information as to what, if anything, was being taught in schools under their jurisdiction in the field of education concerning sex and its personal and family relations. A number of superintendents sent no answers, presumably because little, if anything, was being done; others have written of efforts under way, difficulties due to lack of teacher preparation, extent of program, and methods pursued.

II. Recent Study. In June of this year we wrote to 185 superintendents of schools in the larger communities, and replies have been received from 84. It is perhaps fair to assume that in many cases in which no answer has been received, no program is in effect. However, in several instances fairly effective programs of sex education (under this and other names) are known to have been adopted.

III. What Is Being Taught? The attempt will not be made to analyze each of the replies, especially because they are not, in many cases, sufficiently detailed to permit of such analysis. Perhaps the best way to convey the information made available is to put it on a so-called case basis, i.e., to present the replies as received, and to leave it to the reader to analyze and interpret them. It has been thought best, for various reasons, not to indicate the communities from which the data have been sent. Educators familiar with the subject undoubtedly are well informed on the current programs in major communities. Those desiring more specific information are invited to communicate with the writer of this article for further data.

A

A year's elective work open to boys and girls of 11th and 12th grades, based on current problems in school, community and home life, pointed toward ways of getting along with people, developing good personality, responsibilities and privileges in living in the family; social customs; boy-girl interests; choice of mate; preparation

* "Sex education" and "social hygiene education" have been used by the American Social Hygiene Association since 1924 as convenient terms to include any instruction concerning the biological, psychological and social relations of the human sexes. Such names are approved for use of parents and educators, but not for designating courses, units or topics of study in elementary or secondary schools. Most acceptable for such use are "studies in human relations" (or "family relations"), "health and human relations," "health and social education," etc.—all phrases which avoid the word "sex."

for marriage. Play School for a month each semester for students to see why children act as they do. Girls can enroll in course in Health, which includes facts regarding sex development.

B

Sex education and mental hygiene taught throughout elementary schools as part of health program. In junior high schools, attempt to emphasize development of good human relations through "social living program"—a two hour core course taught in 7th, 8th and 9th grades. Instruction in physiology of sex education given in physical education classes to boys and girls separately. In senior high schools stress good mental hygiene in "social living program"; in 12th grade a whole semester is given to it, including personal development and family relations. Sex education and reproduction also taken up in biology courses.

C

In junior high school, such instruction is given in physical education classes. Opportunity for discussion under a unit on mental health in 8th grade science course. Some junior high schools give a unit on personal problems in science classes, separately to boys and girls. In senior high school, the physical education classes discuss personal problems; 10th grade life science course includes unit on Continuing the Species—reproductive organs, physiology of reproduction, development of human embryo, building wholesome attitudes—frequently in segregated groups; at 12th grade level, senior problems course includes "You and Your Family," approach to marriage, changing patterns of family life, boy-girl relationships, selecting a mate, heredity, preparation for marriage.

D

This program centered primarily in science classes. Structure, function and parental care of vertebrate animals included in 7th grade science program; knowledge of human life cycle in 10th grade; further emphasis on this topic given in physiology course. In some junior high schools, meetings and discussion groups with parents and children are conducted under the leadership of a capable doctor.

E

No sex courses in unified school district. In senior high school, function of sex as biological phenomenon is brought up as hygienic factors in segregated health and physical education courses. Its general influence is discussed in such girls' home economic courses as in the home and family relationships and child care and development courses.

F

Use "Human Relations Education" program drawn up by Dr. G. G. Wetherill. A recent change is addition of two itinerant teachers who meet with small groups of students for discussion of personal problems. This is a stepping stone to bring a teacher, who will also act as a counsellor, into each secondary school.

G

Set up a "Proposed Policy in Human Relationships in the Public Schools." This includes instruction on physical and emotional growth, reproduction and its place in human and animal living; stresses a healthy, decent and wholesome attitude toward sex, its functional processes; its emotional, social and moral implications. All pupils should be given guidance in human relationships. All teachers should be helped to be secure in handling the subject; a limited number of specially trained and qualified teachers should be involved in a planned program. Books, pamphlets, films and other aids should be commended by committees of teachers with the help of parents and other consultants.

H

No formal instruction in sex-character education in elementary or junior high schools. In the High School, the science program includes health and human relations as part of two courses in biology. General biology—in the 10th grade—includes plant and animal reproduction. Human biology—in the 11th and 12th grades—includes a study of the human body in detail; this covers boy-girl relationships, choosing a mate, marriage, divorce, family life, social diseases, heredity and eugenics.

I

No definite program in the elementary schools. When necessary, in individual cases, conferences are held with physical education director, school nurse, school doctor and parents.

In the three high schools the theory prevails that human relations education is a concomitant of the orderly process of democratic living, school conduct and conduct of the school. Sex-character education is interwoven in courses in Biological Physical Education.

J

Social hygiene topics included in home economics, physiology, first-aid, home hygiene and care of sick, and biology; also a required course in high schools called Social Living. Curriculum being reorganized.

K

No definite provision in grammar and high school curriculum for teaching sex-character education. Information given out by teachers when necessary; some attempt made in biology classes in high schools to teach sex education in proper relation to study of plant and animal life.

L

No separate course in human relations or sex-character education; such instruction is incidental to courses in Social Studies, Health and Biology.

M

There is a course in health education in the elementary and high schools. In a few instances there is teaching of sex education and social hygiene, but this is not a definite part of the health education work.

N

Instituting a Health, Safety and Social Hygiene Course of Study for boys and girls in 11B, 11A, 12B or 12A grades.

O

Extent and effectiveness of sex education depends upon personality and attitude of teacher. The subject material is part of general health and safety courses required of all high school pupils. One high school segregates boys from girls for one day to discuss questions pertaining to this problem.

P

Refer to human relations education program as "inter-cultural education"—learn to live decently with all people. Sex education is handled largely in junior high school course of study. With the cooperation of the P.T.A. have trained teachers who are capable of handling this controversial issue in a constructive manner.

Q

No organized class instruction. In the junior high schools a guidance counselor goes into the matter in group conferences and individual conferences. In the senior high schools, which are segregated for boys and girls, there are deans who counsel in a similar manner. Also in these schools from time to time a physician offers instruction to groups. The subject is included in certain science courses, physical education, home economics and home-making courses.

R

Several committees are working on the building of resource units, including "Understanding My Body and Design for Living." Also, a subcommittee is working on problems of mental hygiene and what the schools can do to become conducive environments for keeping and developing emotional health.

S

On the secondary level, most of the planned presentation is elective course for juniors and seniors on Human Science, which includes reproduction. Some informal work is also done by school nurses and biology teachers; nurses use pamphlets in connection with personal problems of students who come to them.

In the elementary schools, the approach has been through combined efforts of certain principals, teachers, Family Life counselors and school health department. Informal meetings of boys with some man, and of girls with a woman are arranged. A film on menstruation is shown to girls in the 6th and 7th grades.

T

In one high school efforts are made through the Biology course to give a reasonable and scientific background on sex. It is planned to include a Health Class for junior girls to alternate with the Physical Education—Gym Class; also a Marriage and Family Relations course by the nurse.

U

Conduct carefully worked out elective courses in Social Hygiene in the Teachers Colleges and separate lectures to boys and girls in the senior year of the high schools. Give a course in Human Values in Democratic Living in the elementary schools.

V

For girls, regular Red Cross course in home nursing includes a great deal of material on sex education. The course for boys includes some elements of home nursing, together with emphasis on hygiene and boy-girl relationships, and material on sex education. Films on venereal disease are used in both courses. All seniors take a semester course in personal and family problems, including study of the individual and his adjustment to his family and community. Other elective courses are "The Girl and Her Relationships" and "The Home and Its Relationships," and other home economics and health courses.

W

Social Studies include ideals of happy family life. Course on "Family Relationships and Responsibilities" includes problems of adolescence, physiology of male and female organs, petting, control of emotions, biological understanding of menstruation, social responsibilities, fulfillment of personality in marriage.

X

In the grade schools, teachers may attempt to handle individual sex problems. In the secondary schools, social hygiene is taught in the 10th and 11th grades. Consideration is given to personal problems, including selecting a mate, marriage and parenthood, social diseases. Pamphlets, posters, statistical charts and an occasional film are used.

Y

One elective course in Family and Community Life Education in senior high school; also some speaking and discussion on family relations and boy-girl relations in junior high school. City school physician does some work on sex education to girls' groups in junior and senior high schools. Plan to make a new approach, following Mississippi's lead; 12 agencies working with the city, county and state department of health, to set up a Demonstration Center for "Education for Responsible Parenthood."

Z

In certain courses, labelled Child Care, for girls in junior and senior high schools, considerable sex instruction is given. High school

teachers of biology lead in a study of reproduction, including human beings. Less and less often lectures are given on sex hygiene by qualified people from outside the schools. The provisions for the instruction permeate 50 volumes; there is not a single sex-character education volume, although some of them treat that phase of education more fully than others.

A-1

High school courses include biology, health, social problems, general science and home economics; they cover biological processes such as reproduction, emotional attitudes, boy-girl relations, marriage and family life. Elementary school courses include reproduction in plant and animal life, and the child's place in family life. The publication "Some Dangerous Communicable Diseases" has been used as follows: In the 8th grade health course—in connection with fighting communicable diseases; in the high school biology course—in connection with conquering dangerous microbes; in high school physiology and health course—in connection with conquest of disease and improvement of health conditions; in 12th grade social problems course—how to build strong Americans, and measures for protection and improvement of health. Suitable social hygiene books in high school libraries. Several films on sex education—"Sex Hygiene" (produced by U. S. Army for use with boys), "For Your Information" (Canadian Government, for use with girls); "In the Beginning" (for younger children as well as high school groups).

B-1

A course on preparation for marriage is given in one high school. It covers the following points—understanding ourselves, inter-personal relationships, looking forward to marriage, basis for meeting current youth problems, 10 commandments for young parents, common family problems, family growth and development.

C-1

Many courses to improve human relations. At the elementary level, classes in home-making; the pupils discuss with teacher many home and family relationships. In the high schools, offer courses in human relations.

D-1

A course of six lessons for 12A girls in senior schools and 9A girls in junior schools, covering menstruation, physiology of sex organs, how life begins and develops, marriage laws and social diseases.

E-1

The work in sex-character education is not organized formally. Trying to demonstrate in spots successful methods.

F-1

Elective course in human relations in senior high schools includes courtship and marriage. All 10th grade students take Health, which

includes references to marriage; also required to read approved books on the subject. Course in Home Economics includes physical fitness to be a parent, marriage and its meaning, social development. In senior high school, the course "Home and Family" is very helpful for better home life; in 9th grade the civics course has a unit on the home. In the 10th, 11th and 12th grades there are units in social living.

G-1

Sex education is part of the health education program, and is called "Life Problems." It includes units on growing up, boy-girl relationships, the family, perpetuation of the race, explanation of reproduction, communicable disease, venereal diseases.

H-1

Only one senior high school gives a course in "Social Relations" including sex education. In all other schools, in the Health and Physical Education Department, there is a semester course called "Health VIII" in the 12th grade; also there is a course for girls in "Home Nursing" which includes training in preparation for marriage and motherhood. In the social studies course in the 12th grade, are included social and economic problems in the study of "Home and Family Living."

I-1

In 1947-48 there will be offered a course in human relations or sex-character education, dealing with phases of sociology, psychology and sex education.

J-1

A program is being formulated for education for family living. A number of teachers are taking a course in this subject. At present sex education and family relations are a part of various courses of study.

K-1

Health Education includes a unit in social hygiene on "human origin and improvement of the individual and the race," and the time devoted to social hygiene varies with the teacher; it is given in the 11th and 12th grades of senior high school. In junior high school there is a unit on "Personal and Social Relations" for 7th grade girls; it includes menstruation, endocrine glands, physical changes of adolescence, mating, development of embryo, birth, emotional development, social background, boy-girl relationships. A similar unit will be worked out for boys. The Health Education curriculum is to be revised from kindergarten through junior high school, to include sex education at various grade levels.

L-1

No organized course. Home Nursing in the high schools includes teaching on sex relationships; this is only for girls. Nearly all high schools teach some aspect of sex education in biology, the amount and context depending upon the individual teacher.

M-1

Course on sex education given in a semester study of human physiology in the 9th grade. Topics discussed are place of sex in normal development; relation of sex to physical and mental growth; dignity and satisfaction of control in sex matters; correction and misinformation regarding sex phenomena. Attempts are being made to build up background in elementary science program in preparation for this course in the 9th grade.

N-1

No separate or special courses in human relations, but they are included in health, biology or physical education. There is an increasing effort made to place wholesome emphasis on character education and human relations in connection with other school subjects.

IV. Comment. A reading of the preceding comments from 40 communities indicates a fairly wide variation in plans and procedures currently in effect. A few school systems are attempting to do some teaching in the elementary schools; about 25 per cent cover human relations materials in the junior high schools; while all of those listed carry on some type of activity in the senior high schools. Indicative of the current status in those communities reported upon is the evidence of experimentation, trial efforts in selected schools, courses now being prepared, and incidental attempts in a few instances. However, to get a clearer picture of what is being done in some school systems, it would be desirable to consult the following publications: (1) *Units in Personal Health and Human Relations*, by Biester, L. L., Griffiths, W., and Pearce, N. O.; (2) *Health Guide Units for Oregon Teachers*, by Hoyman, H. S.; (3) *Human Relations Education*, by Wetherill, G. G.; and also (4) *Sex Education in High Schools*, by Gruenberg, Benj. The first three have been published within the past year, and are indicative of the growth of professional interest in the subject of sex or human relations education.

V. Summary. Comparison of the preceding reports with those of previous years indicates a growing interest and development. Needs still to be met include effective teacher training, development of educationally sound programs of teaching, parent education to parallel education of children, and a wider appreciation by the public as a whole of the need of the type of education and guidance generally known as "sex education." Some would prefer the term "health and human relations education." Whichever is chosen is of no great consequence. The philosophy and content of such studies for elementary and junior and senior high schools can be appreciated by reference to the publications mentioned, and to others written by leading educators in various parts of the country.

LAW ENFORCEMENT PROGRESS DURING 1947

PAUL M. KINSIE

From earliest history, mankind has demonstrated by various means its desire to live in a society in which the largest number was protected from the depredations of the few. Out of this desire to create a safe environment grew the making of laws and the creation of bodies to enforce them.

At times, lawmaking has taken on aspects of cruel restrictiveness and in such periods the law lost its true protective character. Hanging for sheep stealing, unendurably lengthy sentences for indebtedness and the use of pillories and stocks in our own colonies for infractions of the Blue Laws all denoted departures from the original intention of man in his creation of laws by which society could be safe and men and women could be protected and safeguarded.

Legislation in this country, especially during the last hundred and fifty years has been, in the main, thoughtful, sane and wise—allowing the individual the maximum of freedom within the limitations of the safety and well-being of his fellow-citizens. Legislation designed to protect the health and social welfare of the family has grown more and more enlightened and we have watched with satisfaction the development of excellent state and federal laws to guard family life.

Within this century we have seen the growth of a strong, sane and sound legislative front to protect women and girls against white slavery and coercive initiation into the prostitution racket. We have seen state after state enact good laws for the repression of prostitution—designed to protect men and women from exploitation, and to protect the public health. We have witnessed the passage of other legislation for the protection of family life—prenatal and premarital laws and venereal disease laws and regulations.

But to the extent that there is any lag between lawmaking and the vigorous enforcement of law, there is failure to meet the first premise upon which development of law is based—the protection of the individual and of society.

There is little cause for complaint in the field of social hygiene legislation. A tremendous amount has already been achieved and it can only be a matter of a short time before every state in the Union will have what we now consider adequate social hygiene legislative coverage.

But the laggard pace of law enforcement in some communities continues to deny the fundamental social premise on which all law

is built—the continuous protection of society against those who pursue only their own greedy ends, regardless of the cost in human happiness and security.

Appreciable gains have of course been made in law enforcement. World War II proved, again, what communities could do to repress prostitution for the safety and well-being of the military forces and of the vast army of war workers. Many communities have learned, *really* learned that commercialized prostitution is a genuine threat to the whole community, brings into cities a host of other law enforcement problems, and is a recognizable factor in juvenile delinquency. They have learned, too, that prostitution is just plain, bad business from a commercial point of view.

It was foreseen, however, that with the end of the war there would be a recrudescence of commercialized prostitution. This was not guesswork or Cassandra-like prophecy. It was a forecast based on history—on what took place in the country after World War I—and on knowledge of the essential motivation of the promoters of prostitution. Prostitution, like any other racket, pays the operator. The operators were bold and candid in their statements that after the war they would stage a comeback.

What is the picture, today? To what extent have the prophecies been fulfilled? Where do we stand, right now, in 1947?

Since January 1, 1947, 183 surveys of commercialized prostitution conditions have been made in 37 states by the American Social Hygiene Association. Commercialized prostitution is slowly but surely staging a comeback—especially in those cities where the population hovers around the 100,000 mark.

The surveys, reduced to classifications of *satisfactory* and *unsatisfactory* (with subdivisions created for further distinctions) reveal 41 per cent *good*, 26 per cent *fair*, 11 per cent *poor* and 22 per cent *bad*, in the cities of a population of 100,000 or less.

Contrasting these figures with a comparable period in 1946 there is found to be a 2 per cent reduction in the number of cities where “poor” conditions were found to prevail *but an 8 per cent increase* in the number of cities where “bad” conditions were discovered.

So far, law enforcement is holding its own against the incursions of the prostitution gangster in the *largest* cities—those having a population of 500,000 or more. Those communities are determined to keep the red light out. They will continue to keep law enforcement in its proper relation to legislation so long as the people in their communities stand solidly behind their law enforcement officers.

What are the implications of these findings? First, of course, is that commercialized prostitution is gaining a foothold, just as predicted. Second, we can reasonably expect that any laxity in law enforcement in the smaller and middlesized communities will not

rest there. The underworld leadership will not long be content with the relatively meagre "pickings" of less sizeable communities but will use their talents at organization to push their way into larger and more prosperous settings. Third, the burden on law enforcement officers is always increased by the existence of lax enforcement in nearby communities and it is not inconceivable that such increased burdens and pressures may ultimately have their effect upon the morale of law enforcement in the cities that are now valiantly "holding the line" against prostitution.

One item that is never entirely missing from the picture of law enforcement as a protection of family life against the inroads of commercialized prostitution is the economic factor. No one can safely forecast the economic trend of the country today. But the underworld leadership in the prostitution racket is always quick to seize upon poverty, depression and destitution as a means of furthering their unsavory business. Current talk amongst the procurers, exploiters, and other promoters of commercialized prostitution is that a financial depression would be just the solution they are seeking to bring them back into full-scale operation. They visualize such a national crisis as carrying with it an abundance of recruits as well as enhanced trade facilities—arguing that even a slim purse will not keep the customer away.

The American Social Hygiene Association stands ready today, as it has over the years, to continue to serve the country by the use of its specialized skill in studying communities and their local conditions of commercialized prostitution. Such studies are a public service to police departments, just as to the Surgeons General of the Army, Navy and Public Health Service; to various state and municipal health departments; to responsible voluntary agencies, such as Community Chests, Councils of Social Agencies, Health Councils. Judicious and discreet use of the findings will continue to produce big dividends in the form of less crime, less juvenile delinquency, a lower venereal disease incidence—all just as important in peacetime as in war.

The true, original relationship between laws, their enforcement and the greatest good to society can only be realized to the extent that unceasing and tireless vigilance is maintained in *all* communities against the conscienceless activities of those who would destroy human material and the home life of this country for the most sordid of gains. Social hygiene societies have long stood between commercialized prostitution and their communities. This aspect of the total social hygiene program continues to be one of the greatest hopes of the country in the protection of our people, especially of our family life as a nation.

SEROLOGICAL TESTS FOR INDUSTRIAL WORKERS *

WALTER CLARKE, M.D.

Executive Director, American Social Hygiene Association

The inclusion of the serological test for syphilis (STS) as a part of the medical examination of applicants for employment and of employees after absence or periodically has become during the last 25 years increasingly accepted by large industries as desirable from the points of view of the employer, the workers and the public. It is the purpose of this article to report a study indicating growth since 1933 of blood testing and related practices as applied to industrial workers.

Obviously the STS is merely one item in a program for combatting syphilis in the industrial population for the benefit of the workers, the employers and the public. It is by means of the STS that most cases can be discovered and treated. From the point of view of the health authority this is a valuable case-finding device preventing the spread of disease and the late disastrous results of untreated syphilis, so costly in taxes for institutional care. From the point of view of the employer, it provides the opportunity to preserve the health of valuable personnel and reduces absenteeism and labor turnover. From the point of view of the worker, it often means longer life, more years of productive employment and the protection of his wife and children.

There have been many difficulties in the path of progress in extending the routine STS in industries. These have come to my notice in the course of many studies of and consultation services for large industries. In the early years serological laboratory services of state and local health departments were not sufficient to provide free blood testing for large numbers of employees. It was necessary to enlighten the workers so that they ceased to feel that their morals and characters were impugned by inclusion of a blood test for syphilis in physical examinations. One of the hardest problems to solve was the misguided insistence of industrial management that personnel officers and other laymen be informed of the diagnosis of syphilis in an employee. This of course would be unnecessary, unethical and illegal and is impossible in good practice. Often the first inclination of management was to reject an applicant or to discharge an employee found to have a positive STS. The workers themselves sometimes objected to blood testing because they feared—and not without reason in some instances—that blood testing might be used as a method to get rid of personnel who were annoying to management. Some-

* This article also in the December issue of *Industrial Medicine*.

times labor relations have been disturbed when workers knowing or imagining a fellow employee had syphilis have refused to work near him fearing infection through the common use of tools, eating utensils or toilets.

To some extent these difficulties have been overcome. Tax-supported laboratory facilities for STS are now generally available and the quality of service is greatly improved. Popular educational activities of the past ten years by the United States Public Health Service, the state and local health departments, the American Social Hygiene Association and its affiliates have enlightened a large part of the public and removed many false fears. Such activities are however still quite necessary and the social hygiene associations and health departments are carrying on a program of education, especially through the labor press. Labor organizations are very receptive to this type of information which they know is offered for the benefit of the workers, their families and their communities.

Great influence was exerted by the report of a committee set up by the United States Public Health Service in 1942. This committee included in its membership representatives of agencies interested in the subject.* The committee took a broad view of the problem of syphilis and gonorrhea among industrial workers who with their families constitute a large part of the total population.

After carefully considering the medical facts and practical experience the committee formulated a statement of principles regarding venereal diseases as an industrial health problem which should guide all concerned in the health of workers.

The report emphasized the desirability of the STS as a routine part of preemployment medical examination, periodical medical check-ups, and examination following absence from work; the necessity of preserving absolutely the confidential relationship between an infected employee and the medical department of the industry; the importance of avoiding discrimination against infected employees; the value to industry and the public health of referring infected persons to treatment and of aiding the health authorities to trace contacts; the safety and practicability of granting employment to infected but non-infectious persons, adjusting work to the physical condition of each individual; the need to carry on educational programs among the workers so that they may cooperate intelligently. This report was widely distributed especially to industrial managements and to labor organizations.

* "Recommendations to State and Local Health Departments for a Venereal Disease Control Program in Industry," by Otis L. Anderson, M.D., Surgeon, U.S.P.H.S., Washington, D. C., Chairman; Walter Clarke, M.D., New York; Waldemar C. Dreesen, M.D., Surgeon, U.S.P.H.S., Washington, D. C.; Emery R. Hayhurst, M.D., Columbus, Ohio; Edward C. Holmblad, M.D., Chicago; and Carl N. Peterson, M.D., Chicago. Published by Industrial Medicine, November, 1942. Single copies of reprints of this article may be had on request from the American Social Hygiene Association, 1790 Broadway, New York 19, New York.

When the American Social Hygiene Association in 1933 asked several hundred large industries having medical departments whether an STS was included in the routine preemployment examination, only 85 replied and of these only 6 answered in the affirmative. This was taken as an indication at least of lack of interest in the subject at that time. We know also from visits to many industries that only a very small proportion of them included an STS in physical examinations in 1933.

Since World War I the U. S. Public Health Service and the American Social Hygiene Association have carried on an educational program for industrial workers but from 1933 on both agencies have taken an active interest in promoting specifically routine STS as a part of the preemployment examinations. Much field work was done. Hundreds of thousands of pamphlets and leaflets were distributed. Many articles appeared in the labor press and in house organs. Many speeches were made before industrial medical groups.

In 1941 the Association sent a questionnaire to the medical directors of large industries requesting information regarding attitudes and practices for dealing with syphilis as it affects the health of industrial workers. Large industries were selected for the study since they have medical departments and consequently are in a position to carry on recommended activities. Considerable progress occurred between 1933 and 1941.

In 1947 the same questionnaire that was used in 1941 was again sent to a large group of industrial medical departments. In spite of the difficulties occasioned by the war, there has been steady progress during the past six years.*

In the form used in 1941 and 1947, the first question was intended to reveal attitude toward syphilis as an industrial health problem. The question read as follows: "Does your company seek to discover syphilis among its employees?" In 1941, of 208 answers, 73 per cent were in the affirmative and 27 per cent in the negative. In 1947, of a total of 314 answers, 80 per cent said yes and 20 per cent said no. There was thus a slightly larger percentage taking an interest in syphilis in 1947 as compared with 1941.

We next proceeded to specific medical practices. The first question under this heading was of a general character: "Do you require a general physical examination of (a) all applicants for employment, of (b) employees after absence, of (c) all employees annually or otherwise periodically?" The tabulated results of 1941 and 1947 are given on the following page:

* The 1941 study was published in *JOURNAL OF SOCIAL HYGIENE* for February, 1942, under title "Industrial Provisions for Syphilis Control," by Eileen McGrath, page 97, Vol. 28, No. 2, published by American Social Hygiene Association.

	1941			1947		
	<i>Yes</i>	<i>No</i>	<i>Per Cent Yes</i>	<i>Yes</i>	<i>No</i>	<i>Per Cent Yes</i>
(a) All new applicants for employment?	195	8	96%	404	12	97%
(b) Employees after absence?.....	160	35	82%	332	81	80%
(c) All employees, annually or otherwise, periodically	93	100	48%	194	211	47%

It is the general physical examination which affords the opportunity for a search for syphilis including an STS. It is desirable that general physical examination should become universal in industries and will be seen from the above figures that while there has been little change in six years, the trend is still strictly in the direction of examining all applicants for employment and to a less extent all employees after absence, and periodically.

The next question goes to the heart of the problem of finding syphilis among workers. The questions and the answers in 1941 and 1947 are as follows: "Is a blood test for syphilis regularly included in any or all physical examinations?"

1941		1947	
<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
115	90	277	140
56%	44%	66%	34%

This shows a gain of 10 per cent since 1941 in the key procedure for syphilis case-finding among industrial workers. In 1947 a total of 155 industries searched for syphilis among those returning to work after absence and the STS is included in an annual or otherwise periodic examination by 144 industries.* In instances where the STS is not included in the physical examination after absence or periodically, it is often because no general examination is made after absence or periodically and consequently the opportunity for serologic testing is lacking.

We next turn to questions dealing with the disposition of cases of syphilis discovered in the course of physical examinations. The first question in this category and the answers in 1941 and 1947 were as follows: "When syphilis is found in an employee, is treatment required as a condition of continued employment?"

1941		1947	
<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
151	57	300	88
73%	27%	77%	23%

It is seen that a somewhat larger proportion of industries now require treatment. In 1941, 11 per cent of companies provided treatment

* Figures for these details from the 1941 study are not available.

for employees infected with syphilis while in 1947 only a little over 6 per cent provided such treatment. The great majority of cases are referred to private physicians or to public clinics. In industries located in areas without community medical facilities treatment is sometimes provided by the industrial medical department which, in fact, is the only medical service available.

It is important from the public health, the economic and the humane points of view that infected persons should not be refused employment merely because they have syphilis—provided they are non-infectious and able to work. In answer to the question, "Are infected applicants refused or accepted for employment" the industries answered in 1941 and 1947 as follows:

1941 *		1947	
<i>Rejected</i>	<i>Accepted</i>	<i>Rejected</i>	<i>Accepted</i>
26%	61%	23%	77%

* It will be noted that 26% and 61% account for only 87% of the industries replying to this question. The remaining 13% qualified their answers in various ways which made it impossible to classify them.

A related question inquired whether persons already employed are retained or dismissed in case they are found to have syphilis. In 1941, 88 per cent answered that they retained such employees, while in 1947, 93 per cent state that they retain infected employees provided, in most cases, they receive treatment and lay off while still infectious. These substantial gains in correct policy are no doubt the result of educational work which has brought about a better understanding of the results of treatment of syphilis and of the absence of danger of the spread of syphilis through industrial processes.

Nearly all large industries have some health insurance or medical benefit plan for employees. The following question relating to this subject was asked: "Is medical care for syphilis included in medical benefits of the insurance plan in use?" In 1941 only 26 per cent replied in the affirmative, while in 1947 the proportion had increased to 34 per cent. That this is growth in the right direction will be generally agreed.

In order to have the intelligent cooperation of workers, it is necessary that an educational program be carried for their benefit. It is by such activities that people are brought willingly to accept the routine blood test and physical examination and if infected to act promptly when referred for treatment. It leads them to provide reliable information about contacts and to make sure their families are examined. It helps them to take a sympathetic attitude toward the infected fellow worker and to cooperate with public and private agencies in the prevention of venereal diseases.

This phase of industry's participation in VD control was covered in the following question: "Do you seek to instruct your employees

about syphilis as a health menace? If so, how is this accomplished?" In 1941 about half (47%) answered this question in the affirmative. They distributed pamphlets to workers, put up posters on bulletin boards, and showed motion pictures. About 13 per cent, however, limited activities to infected persons thereby missing the opportunity to instruct the healthy employees regarding the prevention of venereal diseases, the necessity for frequent examinations and for early treatment of all who become infected.

The same question in 1947 brought rather disappointing results. The percentage carrying on an educational program was smaller (42%). This may not be a statistically significant difference but if there is actually a decrease in education activities it may in part be accounted for by the feeling among industrial medical officers that enough is being done in communities through the daily press, by radio and motion pictures to instruct industrial workers. Also in many instances war and postwar conditions were not favorable to industrial educational activities. It is hoped that educational programs may in the near future be included in the activities of all medical departments of all large industries.

As a measure of progress it was interesting to learn when serological testing for syphilis began in those industries utilizing this case-finding practice. The following table gives the findings:

Before 1930	29
Between 1931 and 1935	33
Between 1935 and 1940	107
Between 1941 and 1945	78
In 1946 and 1947.....	24

A total of 147 industries utilizing STS could not give the date when this practice was inaugurated. Considering that the war years and the reconstruction postwar period have intervened, it seems that fairly satisfactory progress has been made since 1940.

The importance of the activities of these industries in helping to find and treat syphilis among employees is indicated by the number of individuals employed by the 418 large industries replying to these questions. A grand total of 2,945,203 persons are employed by these companies. Those employed by companies utilizing the STS routinely in preemployment physical examinations number 2,839,244. The efforts of these industries contribute in a large measure to the nation's public health program for the elimination of syphilis, benefit the workers and their families and contribute to the efficiency of industrial operations. It is desirable that the participation of industry in the fight against syphilis should be rapidly extended to all industries having medical services. The American Social Hygiene Association with the cooperation of the U. S. Public Health Service join in efforts to encourage and assist this salutary program.

SOCIAL HYGIENE IN THE MAGAZINES

DOROTHY MILLSTONE

*Assistant Director, Public Information and Extension
American Social Hygiene Association*

The tombstone over many an accurately-written, scientifically-based and lovingly-prepared social hygiene pamphlet is: "But most of the people who need this will never see it."

It is a challenging fact that unless special measures are taken only those most interested—that is those already interested in the subject—will in the main find consistent access to social hygiene material.

Prompted by awareness of the limitations imposed by routine educational methods, the American Social Hygiene Association public relations staff in the past twelve months dusted off an old policy and gave it new life through systematic application and with gratifying results. That policy is: "Go where the people are; publish in the media millions are reading; aim for publications that have mass circulation."

Thus, placement of Association material in publications of influence and wide distribution has been sought on a consistent basis, at the same time that all other usual methods were followed. Wherever initiatives were undertaken, publishers and editors were found keenly interested and highly cooperative. In a few cases, after the material began to appear in several mediums, other magazines themselves solicited material. Here are some highlights from the record:

SCIENCE ILLUSTRATED, November, 1946, *The Menace of Venereal Disease*, a medical and social treatment.

COLLIER'S, November, 1946, *VD for Sale*—the story of commercialized vice.

THIS WEEK, January 5, 1947, *They Track Down VD*—epidemiology.

NEW YORK TIMES MAGAZINE, January 31, 1947, *About VD: We Know Too Much That Isn't So*, by Walter Clarke, M.D., ASHA Executive Director.

NEWS WEEK, May 19, 1947, *Shall Our Public Schools Give Sex Instruction?*

READERS SCOPE, June, 1947, Digest of Dr. Clarke's NEW YORK TIMES article.

TRUE STORY, July, 1947, editorial by Dr. Clarke on stronger family life.

SEE MAGAZINE, August, 1947, *America's Open Cities*, by Dr. Clarke on the fight against prostitution.

READER'S DIGEST, August, 1947, Digest of NEWS WEEK article on sex education.

BETTER HOMES AND GARDENS, August, 1947, article by Howard Whitman on early marriage.

PIC MAGAZINE, January, 1948, Dr. Ray Lyman Wilbur, ASHA President, participates in a debate on early marriage.

WOMAN'S HOME COMPANION, October, 1947, an article by Dr. Clarke on early marriage.

Many other articles are in discussion or preparation. Those mentioned here are selected from among those where publication has already taken place or where arrangements have been fully completed.

NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension,
American Social Hygiene Association*

American Public Health Association Holds Its Seventy-fifth Annual Meeting.—Thirty-three hundred persons gathered at the Convention Hall in Atlantic City to take part in the Seventy-fifth Annual Meeting of the American Public Health Association held there October 6–10, inclusive. Section meetings were devoted to the special interests of those in attendance: *dental health, engineering, epidemiology, food and nutrition, health officers' problems, industrial hygiene, laboratories, maternal and child health, health education, public health nursing, school health and vital statistics*, while two large Special Sessions developed the theme of the Conference: "*The Heritage of the Past—the Seed of the Future.*" With Dr. Harry S. Mustard, the Association's President, presiding, the first Special Session heard a report on "*Yesterday,*" with Dr. William P. Shepard speaking on "*Developments in the Field of Professional Education,*" Dr. Hugh Leavell reporting on "*Progress in the Area of Administration,*" Mr. Homer Folks telling the story of "*The Development of Public Support*" and Dr. Lowell J. Reed discussing the "*Changing Problems Growing Out of the Change in Composition of the Population.*"

The Second Special Session, with Dr. Mustard in the Chair, looked to "*Tomorrow*" and its problems, with Dr. Haven Emerson talking on "*The Unfinished Job of Essential Public Health Service,*" Surgeon General Parran discussing "*New Problems in the Field of Medical Care,*" Dr. C.-E. A. Winslow reporting on the "*Social and Economic Factors in Disease*" and Raymond B. Fosdick speaking on "*Public Health and the Future.*"

A very large number of related organizations in the public health field held special meetings during the week, many scientific and technical exhibits were on view and a program of motion pictures was given in the Convention Hall's theatre.

A distinguished group of foreign visitors, including representatives of Brazil, Canada, Chile, China, Columbia, Cuba, England, Iceland, the Netherlands, India, Scotland and the United Nations, attended the meeting, as did a delegation from the United Nations.

The American Social Hygiene Association was represented by Dr. William F. Snow, Mrs. Betty Murch and Mrs. Josephine Tuller.

American Pharmaceutical Association Meets.—Milwaukee was the place of the 1947 Annual Meeting of the American Pharmaceutical

Association, the largest such gathering ever held since the Association's founding. President Earl R. Serles spoke at the First General Session, as did Dr. Edward C. Elliot, Director of the Pharmaceutical Survey and Dr. Howard Rusk, Chairman of the Department of Rehabilitation and Physical Medicine of New York University's College of Medicine. Speakers at the Second General Session included Rear Admiral C. A. Swanson, Surgeon General of the Navy, Major General R. W. Bliss, Surgeon General of the Army, Dr. Robert L. Swain, Member of the American Pharmaceutical Association Council and Editor of "Drug Topics," Mr. George F. Archambault, Chief of the Pharmacy Service of the Hospital Division of the U. S. Public Health Service, and President-Elect Sylvester H. Dretzka of the American Pharmaceutical Association. Dr. A. C. Ivy, Vice President of the University of Illinois, spoke on "*Health, a Cooperative Enterprise*" at the Annual Banquet, with Dr. J. Martin Klotsche, President of the Milwaukee State Teachers' College, following him with an address on "*One World, Fact or Fiction.*"

Sessions were held by the *American Association of Colleges of Pharmacy*, the *National Association of Boards of Pharmacy*, the *American College of Apothecaries*, the *American Council on Pharmaceutical Education*, the *American Society of Hospital Pharmacists*, and *Teachers of the Biological Sciences, Chemistry, Pharmacy, Pharmaceutical Economics, Graduate Instruction*, and also by the *Faculty Advisors* group.

The House of Delegates, meeting in four sessions, heard from its Chairman, Mr. Hugh C. Muldoon; its Secretary, Dr. Robert P. Fischelis; its committees on legislation, professional relations, public relations, social and economic relations, nominations, resolutions, and credentials, as well as certain special committees. Dr. Walter Clarke, Executive Director of the American Social Hygiene Association and Secretary of the Joint Committee of the American Social Hygiene Association and the American Pharmaceutical Association, presented a report to the House of Delegates on the activities of that Committee, pointing out that the cooperation of individual pharmacists and pharmaceutical societies had contributed substantially to gains in the fight against the venereal diseases and for better law enforcement against prostitution. Dr. Clarke reported on the distribution and use of informational literature and other educational materials by pharmacists, their cooperation in the observance of Social Hygiene Day 1947, and outlined the case-finding drive that will be the theme of *Social Hygiene Day 1948*. In conclusion he expressed for the Joint Committee their thanks and appreciation of the invaluable cooperation received.

Dr. Kendall Emerson Retires—Dr. James E. Perkins Appointed Managing Director of National Tuberculosis Association.—Dr. Kendall Emerson, managing director of the National Tuberculosis Association since 1928, has announced his resignation, effective January 1, 1948. He will be succeeded by *Dr. James E. Perkins*, deputy commissioner, Department of Health, State of New York.

Dr. Perkins has been connected with the New York State Department of Health since 1934 when he joined the staff as an epidemiologist in the Division of Communicable Disease. He was later made director of the division and last year was appointed deputy commissioner of the health department. A senior surgeon with the rank of Lieutenant-Colonel, United States Public Health Service Reserve, Dr. Perkins in 1945 was assigned to the Italian Medical Nutrition Mission as co-director with Ernest L. Stebbins of the Epidemiologic Branch of the mission. Dr. Perkins is a native of St. Paul, Minn., and was graduated from the University of Minnesota in 1927. He received his medical degree from the same university in 1930 and in 1933 received the degree of Doctor of Public Health from Johns Hopkins University.

High tributes were paid Dr. Emerson and his work when his resignation was placed before the executive committee. He was asked to remain a consultant to the National Association and, although he plans to retire to private life, said his services would always be available for consultative purposes.

Dr. Emerson was awarded the Trudeau Medal, annually presented by the Association for notable accomplishments in the tuberculosis field, last June. The citation made special mention of the outstanding contributions he had made to the development of the NTA program which now "occupies a place of honor and leadership" not only in the United States but also in other parts of the world.

During Dr. Emerson's directorship the services of the Association were broadened to include rehabilitation, industrial and an extensive adult health education program. At the same time, increasing emphasis was placed on medical research with the result that a separate Division of Medical Research was created last January and grants were made to 18 investigators for the current fiscal year.

Since Dr. Emerson became NTA director, the number of state and local associations affiliated with the National has increased from approximately 1,750 to 3,000. They are located in every state, the District of Columbia, Puerto Rico, Hawaii, Alaska and the Canal Zone.

Dr. Emerson has been a member of the executive committee of the International Union Against Tuberculosis since 1934. He attended the reorganization meeting of the Union, whose activities had been suspended during the war, in Paris in November, 1946, and meetings of its executive committee and council in Paris last July.

Born in Northampton, Mass., Dr. Emerson is a graduate of Amherst College class of 1897, and received his medical degree from Harvard in 1901. He began the practice of orthopedic and general surgery in Worcester, Mass., in 1902. During World War I he served with the British Forces in the Royal Army Medical Corps from 1916 to 1918 and with the Medical Corps of the United States Army from 1918 to 1919.

NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension,
American Social Hygiene Association*

States Act To Curb Juvenile Delinquency.—In line with the recommendations of the National Conference on Juvenile Delinquency an increasing number of states are adopting preventive as well as corrective programs. Commissions studying juvenile delinquency will report to legislatures in New Jersey, Michigan, and Massachusetts in 1947 and in Mississippi in 1948. Legislation recommended is expected to emphasize need for correcting environmental defects which cause youngsters to go astray as well as broadening court and institutional program.

Other states have put such programs into effect and a new "friends of the court" plan is being started in Georgia. A friend of the court is a special officer appointed at the county level to enforce orders for support of children in divorce actions and to investigate other legal circumstances affecting the welfare of children.

New Jersey is establishing a central state diagnostic center, scientifically equipped and staffed with specialists in medicine, psychology and psychiatry. The National Probation Association reports that the services of the unit will be available to the courts and government agencies "prior to the final disposition of any case." Those admitted may remain for observation and guidance not longer than ninety days. A similar center was created in California last year.

New York recently began special classes for delinquent children to help guide them toward better adjustments. Local school districts are being given state funds to finance these classes. In Georgia, the Atlanta board of education has been authorized to establish detention and instruction schools for the mentally defective, delinquent, and neglected children. Assignments will be made by the juvenile court judge with consent of the superintendent of schools, and if possible, of parents.

Two states during the past year raised age limits at which young offenders may be treated as juvenile delinquents rather than adults. In Michigan, a boy may be held in the state vocational school until he is nineteen, instead of eighteen as formerly. New Jersey, meanwhile, raised the juvenile delinquency age maximum from sixteen to eighteen.

In Mississippi, youth courts have been established in each county with exclusive jurisdiction over neglected children thirteen years of age or under, and delinquent children between ten and thirteen. In

Virginia, referees in some city juvenile courts have been given the power to render judgments on cases, rather than merely making recommendations on which the judges act. Wisconsin recently created a board of juvenile judges, comprised of juvenile court judges who will meet twice a year.

“Wisconsin Builds Men.”—Under this heading the *Quarterly Bulletin* (October–December, 1946) of the Wisconsin State Board of Health says:

“Wisconsin added to her laurels as a healthful place to live by placing second among the states in point of defect-free registrants examined by Selective Service during a crucial year of World War II.

“An official report covering the year ending March 31, 1943, discloses that 54.8 per cent of draft-age Wisconsin men were found to have no limiting defects, a record surpassed only by the 59.3 score attained by Kansas.

“The federal report included a study of health by four age groups of draft-age men. This breakdown revealed that Wisconsin’s high ranking was effected through the youngest fighting men, the group 18 to 24 years of age, 66.5 per cent of whom were found to be free of defects, while three other age groups up to 44 years showed Wisconsin men to average high above the national average, among those examined during the period covered by the report.”

In the same article, a sub-title on *Character*, by Ralph Kuhli, Junior Social Hygiene Lecturer, gives Wisconsin’s long-range social hygiene program, now in action for nearly a generation, great credit for this excellent health record, as follows:

“Thousands of young men, away from home for the first time while in the service, were subject to acute nostalgia and loneliness. In their search for feminine companionship they were beset by all the age-old temptations of the flesh. Young soldiers lived through social situations that would put a strain on the most mature adult.

“Correct sex information and especially good character traits are not acquired in one meeting nor by reading one booklet. Wisconsin is doing a better job each year in building men of fine character.”

“. . . Since World War I, Wisconsin homes and schools have done better every year answering casually and accurately the first sex questions of children, helping boys and girls grow up, share sports and hobbies, and inform them on the venereal diseases. This has helped produce the healthy men from our state for military service, and it is my opinion after almost three years overseas with them, that it is the only adequate preparation for the loneliness and temptations that our teen-age men meet over there.

“It is very impressive to be a part of a foreign theater full of loud soldiers who deride heroics and to hear them quiet down at any movie of family life. Very young men take seriously their physical ability to become fathers. No one laughs at the idea of mail from a girl back home. Soldiers think babies have the right to be born healthy and they like kids.

“All this, Wisconsin has recognized and uses in a broad social hygiene program that includes every constructive approach available. The primary objective is character development from childhood to parenthood. The secondary objective is minimizing such problems as syphilis and gonorrhoea.

Cooperation Succeeds

"No one link in the Wisconsin chain is important to the exclusion of others in developing character: law, medicine, education, the church and community service each help in their respective areas.

"I. The people of the state support laws requiring premarital blood tests, the use of a one per cent silver nitrate solution in the eyes of new-born children to prevent blindness caused by gonorrhoea, the reporting of syphilis and gonorrhoea to the State Board of Health, the suppression of prostitution, and the prohibition of advertising for self-treatment of genito-urinary infections.

"II. The medical program is based on diagnosis and treatment by the private physician with the state providing assistance for diagnosis and treatment of indigents, and for the epidemiological investigation of contacts and suspects. Current emphasis is being placed upon reporting, case finding and rapid treatment with penicillin.

"III. Sex character education by the home, the church and the school continues to improve, aided by a quarter century of social hygiene meetings with young people by lectures from the State Board of Health. Wisconsin schools are now integrating more and more sex character education into school guidance, class, and social activities.

"IV. Community service in this program is developing facilities and leadership for co-recreation, premarital guidance and community support for the law enforcement officials in suppressing prostitution. Holding the line against the post-war return of prostitution and developing co-recreation centers is the trend now.

"While America fought a shooting war, we did the best we could with what we had and could get. Now we are holding gains made and improving on wartime expediency. Our moral reconversion includes strengthening every link of the above chain so that more of our children grow to healthy parenthood. Each of us tends to underestimate his sphere of influence and the importance of his part of the chain. Progress measured by wartime statistics encourages us to fight the exception and have the fun of helping this broad and effective program continue to improve our state."

The Treatment of Syphilis by Penicillin and the Arsenicals in the Different Countries

Rapporteurs: Professor H. Gougerot and Associate Professor Robert Degos of France; Dr. Gerda Kjellberg of Sweden and Dr. Walter Clarke (represented by Dr. J. R. Heller) of the United States.

The Social Organization of the Campaign Against Venereal Diseases

Rapporteurs: Dr. Gerard of Belgium, Dr. Karl Evang of Norway (represented by Professor Bjornsson) and Professor Marian Gryzbowski of Poland.

Sex Conduct and the Venereal Diseases

Rapporteur: Mrs. Sybil Neville-Rolfe, Great Britain.

Other papers and reports were submitted regarding social hygiene work in the various countries, including a report on 1947 activities of the Union's Regional Office for the Americas by Miss Jean B. Pinney, Director, a report on the work of the Finnish Society Against the Venereal Diseases by Dr. Yrjo Salminen, and a summary of governmental activities in the United States by Dr. Heller and Community Action for Venereal Disease Control by Dr. Clarke. It is hoped to publish in the near future for JOURNAL readers and for general interest the official actions taken and the main points of these papers and the group discussions which followed their presentation, together with the minutes of the Assembly. The final reports of the Secretary-General and Treasurer, the election of officers, authorization for appointment of Committees and other business were acted upon at the formal session held in the board room of the Municipal Hospital of Versailles, and at an Executive Committee meeting in Caen. Inspection visits were made to the Hospital Clinic and to the Military Hospital in Versailles followed by a trip to the Palace, including the rare privilege of ascent to the roof to permit a wide view. The delegates were entertained delightfully at a buffet supper in the home of the District VD Director, Dr. P. Vernier and Mrs. Vernier. Early next morning about 25 of the group left for Normandy for a two day trip to visit clinics and hospitals in Rouen, Le Havre, and Caen, and to observe public health and reconstruction procedures along the Normandy beaches at Deauville, Trouville, Honfleur and other battlegrounds of the 1944 Allied invasion.

Japan's New School for Social Workers First of Its Kind.—The *Bulletin of Information* of the Women's Interests Unit, U. S. War Department Public Information Division, states in its August issue:

“A recent dispatch from the Public Health and Welfare Section of Supreme Command Allied Powers in the Pacific Theater stated that a new College, operated by the Japanese Social Workers Association, which was opened last fall, is filling a desperate need in the social welfare field. This school is the first of its kind in Japan.

“Beginning with 80 students taking a one-year course, the school has now inaugurated a course which will last three years. Subjects being studied are child welfare work, history of social work, case

work, public assistance, administration of public and private welfare agencies, statistical and legislative matters relative to the field of social welfare, labor problems, social insurance and similar subjects. About one-third of the courses consist of supervised field work. Students for the three-year course are all of college or university level except those with previous experience in the field as professionals.

“According to Mr. Donald V. Wilson, Social Work Training Consultant, universities and colleges in Japan are considering offering similar courses to train the personnel that will be needed to develop the social welfare that is a vital part of any economy. In addition to the courses being offered in the schools, in-service training periods are being given to social workers throughout the nation.

Panama Sets Up National Council on Children and Youth.—*Gaceta Oficial*, Panama, of September 30, 1946 reports that by a law just passed, the Republic of Panama has provided for the establishment of a National Council on Children and Youth, to include the director of the Children's Institute, the president of the National Board of Nutrition, and representatives of the National Red Cross, the Social Insurance Fund, and several Government departments. The members serve without compensation and meet twice a month. The law assigned to the Council these functions:

Study of problems relating to children and youth; promotion of juveniles courts, vacation camps, school-lunch programs and other childrens services; information and advice for government agencies and private organizations and individuals; cooperation with the Ministry of Labor, Social Welfare and Public Health; drafting a childrens' code; planning an annual child welfare congress.

The Council is empowered to set up a child welfare board to cooperate with agencies working in this field, in each province of the Republic, and may use the services of trained personnel, whether or not they are Panamanians. The law carries with it an appropriation for the work.

Philippine Groups Consider Forming Social Hygiene Association.—Dr. Florencio S. Cruz, Secretary of the Philippine National VD Control Council, writes that the Council and the Joint Civilian Army-Navy VD Control Board, headed by the Philippine Secretary of Health and Welfare, are considering the formation of a Philippine Social Hygiene Association to promote a more unified and stronger program of work.

The Council, organized in 1946, is made up of representatives of some 25 official and voluntary agencies, including public health, medicine, law enforcement, public welfare, public information, men's and women's clubs, the churches, and the Army and Navy.

1947-48 British-American Exchange Teachers Announced.—Selection of 246 exchange teachers for the 1947-48 school year program of the Committee on Interchange of Teachers Between Great Britain and the United States was recently announced by John W. Stude-

baker, U. S. Commissioner of Education, Federal Security Agency. The 123 United States teachers selected this year are from elementary schools and high schools in 31 States. Last year's program, the first since the war, provided for 74 exchanges of positions for teachers from 29 States.

On August 18, the 123 United States exchange teachers sailed from New York. On August 20, the 123 British teachers arrived in New York.

Greater provision for families or close relatives to accompany exchange teachers is made in this year's exchange program. Twelve U. S. teachers are taking their wives and children or mothers with them. Similarly, twelve British teachers will be accompanied by their wives or mothers.

In announcing this year's exchange program, Commissioner Studebaker said: "Enthusiastic reports from last year's exchange teachers indicate the value of the program in interpreting our education and our way of life to the people of Great Britain. From the standpoint of the individual exchange teacher, the experience is stimulating and enriching."

The Committee on Interchange of Teachers Between Great Britain and the United States consists of representatives of the U. S. Office of Education, the Department of State, and eight national educational organizations—The American Association of University Women, American Council on Education, National Education Association, English Speaking Union, Institute of International Education, National Association of High School Supervisors and Directors of Secondary Education, Association of School Administrators, and American Federation of Teachers. The exchange program began last year when Great Britain requested the State Department to initiate a teacher exchange.

Argentina: Liga Argentina de Profilaxis Social Celebrates Anti-Venereal Day.—The thirteenth annual celebration of Anti-Venereal Day in the Argentine Republic occurred at the National Theatre in Buenos Aires on September 10, under the auspices of the Liga Argentina de Profilaxis Social, which since 1921 has been working for the health defense of Argentinians.

Dr. Armando Ascheri, Secretary, and Dr. Alfredo Fernandez Verano, President, issued invitations to health agencies throughout the Americas, including the ASHA, to send representatives and messages to the meeting, which will be reported further in a later issue of the JOURNAL.

BOOK REVIEWS

MARRIAGE IS ON TRIAL. By Judge John A. Sbarbaro and Ellen Saltonstall. Macmillan Company, New York. 1947. 128 pages. \$2.00.

Here's a useful book whose title, unfortunately, is a misnomer. Monogamic marriage is a thoroughly proved proposition. Many couples misuse it and find themselves unable to take advantage of its numerous assets. It is they, rather than the institution, who are "on trial." Marriage is still "for adults."

Aside from this departure from sound semantics, however, Judge Sbarbaro and his collaborator have put together much of sound advice and sane suggestion. Naturally, one who sees so many cases of social pathology from the divorce bench of "the largest court in the world—Cook County, Illinois"—would take a judicially pessimistic view. He comes into contact with the end results of a myriad messed-up marriages. It's easy to overlook the fact that there are far more marital partners making a go of it than are found among the divorce-seekers.

Despite this clinical background, the Judge has numerous sage observations and helpful prescriptions in this volume. There's nothing new or startling in it but it will prove, we believe, a desirable addition to the increasing stock of worthwhile marriage-counsel literature. Our copy already is in active circulation.

RAY H. EVERETT

A DOCTOR IN THE HOUSE. By Henry Pleasants, Jr., M.D. J. B. Lippincott, Philadelphia. 1947. 286 pages. \$3.00.

While this is not a technical book in any sense, it is a volume of interesting and entertaining reading for those who like biographies, and it covers a period of rapid advance in medicine in which the author played his part. With enthusiasm for his profession, a

small town doctor takes the reader behind scenes in the practice of medicine, tracing development of medical methods since the turn of the century and providing anecdotal accounts of personalities and cases encountered along the way.

The book is dedicated as follows: "Only those who have known him, lived with him, served with him, worked with him and played with him will understand why this book dealing with the experiences of a practicing physician has been dedicated to Charles Ransome Reynolds, M.D., F.A.C.S., Major General, Medical Corps, Retired, and former Surgeon-General, United States Army."

The publishers recommend it "for young doctors, old doctors, and everybody who has ever had a doctor in the house." The public apparently has responded with enthusiasm, for as we go to press *A Doctor in the House* has been placed on the best seller lists.

WILLIAM F. SNOW, M.D.

TEAMWORK IN COMMUNITY SERVICES 1941-1946—A DEMONSTRATION IN FEDERAL, STATE AND LOCAL COOPERATION. Federal Security Agency, Washington, D. C. 86 pages. Copies on request.

A popular and much-publicized challenge of the day from bench and pulpit is the charges that Americans as a nation are an immature people; spurning personal, family, community, national and international responsibility. It must be admitted that the charge is not without considerable foundation in fact, so it is heartening to read *Teamwork in Community Services 1941-1946—A Demonstration in Federal, State and Local Cooperation*, the final report of the Office of Community War Services, Federal Security Agency, which tells a story of the concern, and action, of the American people with problems of community on a local and national level.

THE VENEREAL DISEASES. By James Marshall. New York, The Macmillan Co., 1944. 348 p. \$4.50.

This little book, intended for students and general practitioners, is concisely and clearly written, beautifully illustrated and printed. It is a good, elementary presentation of the strictly medical aspects of the venereal diseases. Published in 1944 in Great Britain, it has only just arrived in the United States and is already out of date in so far as therapy is concerned. Only a few very tentative remarks are made about the use of penicillin in the treatment of gonorrhea and syphilis while much attention is given to sulfonamide therapy of gonorrhoea, and arsenical and heavy metal therapy of syphilis. The pathology of gonorrhoea is entirely omitted and only a few words devoted to the pathology of syphilis. The preventive medical aspects of the venereal diseases are limited to the last chapter on the social aspects of the venereal diseases, which is appropriate to the British situation, but not to conditions in the United States. The American current literature in this field of medicine was little taken into consideration by the author. Thus, to cite one example, the author in his chapter on vaginitis does not refer to the contributions of Dr. Alfred Cohn and others to our knowledge of gonococcal vaginitis.

Teamwork is an 86-page, profusely illustrated, paper-covered book that tells a remarkable and inspiring story of, to quote Woodrow Wilson's remarks on the book's frontispiece, "the spontaneous cooperation of a free people," for the benefit of the individual, the family, the community and the nation during the war years. It tells what

can be done in community betterment, and what was done so successfully in the war years. If this was done in war, why can it not be done in peace? Obviously it can and should be carried forward, and it is up to the individual and the community to see that the gains are not lost, and forward-looking programs are put into action to aid the youth of the nation, preserve the stability of family and community life.

Space does not permit a complete and adequate review of the contents of *Teamwork*, but the Editors believe that a copy of it belongs in the hands of everyone connected with community work and interests. The Association has made arrangements with the Federal Security Agency to send copies to all ASHA affiliated societies. It is recommended that individuals write for a copy to Dean Snyder, Federal Security Agency, Washington, D.C.

ELIZABETH LOCKWOOD

ANNOUNCEMENTS.

A New Pamphlet on a Topic Not Well-known.—The "Minor" *Venereal Diseases* is the title of a new ASHA publication, by Walter Clarke, M.D., which seeks to dispel the idea that chancroid, Granuloma Inguinale and lymphogranuloma venereum can be disregarded as health dangers. *Eight pages, illustrated. Popular style. Free to Armed Forces.*

For Young Men.—*For Home and Country* is a six-page folder urging prevention of VD through avoidance of exposure, with facts about syphilis and gonorrhoea and advice on what to do if infection occurs. *\$2.50 per thousand. Free to Armed Forces.*

For information on these and other publications and materials, address Publications Service, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

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